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THE BOOK OF THE RULES

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Connecticut
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MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA.



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PREFACE.

We herewith present to the members of the Medical Association of the State of Alabama, the fourth edition of the Book of the Rules. It has been thoroughly revised and will be found complete to date.

It has been our purpose to include in their proper order all the Constitutions and Ordinances of the Association, and all the laws of the State of Alabama in any way connected with the supervision of the public health and with the regulation of the practice of medicine. To these have been added such commentaries as seem to be necessary for their proper explanation, and for the proper guidance in the discharge of their important duties of the Boards of Censors, the Boards of Health, and the Boards of Medical Examiners, which are under the jurisdiction of the Association.

The Code of Ethics of the American Medical Association is recognized as of universal obligation amongst American physicians, and has been formally adopted by the State Association and by the several County Medical Societies as part and parcel of their constitutional law. This, therefore, has been included, for convenience of reference, in a separate Chapter; and to this Chapter have been added the special ethical rules that have been from time to time enacted by the State Association.

The Commentaries and Explanations are, for the most part, extracts from the several Annual Reports of the Board of Censors, which have, from time to time, received the approval of the Association, and which are, therefore, of official and binding obligation.

THE BOARD OF CENSORS.

A WORD OF WARNING.

The Medical Association of the State of Alabama has attained, under circumstances of very great embarrassment, a very high position of honor, efficiency, and influence. The secret of her success is the unrivalled excellence of her organization, and the thoroughness of her discipline—almost like that of an army. The principle elements of her power, the throbbing heart and the scheming brain that have made her great, are the College of Counsellors and the Board of Censors. If her power and prosperity are to continue these two institutions must be maintained without essential change. Two dangers confront the College of Counsellors—Counsellors always to be spelled with two ells in spite of the dictionaries. The first of these is the reduction of the annual dues; the second is the increase in the number of Counsellors composing the College.

It would be a calamity to the Association to reduce the dues. We want Counsellors who are able and willing to spend money freely in our service. Money is an element of power and we cannot have too much of it. If any change is ever made in the amount of the annual dues of the Counsellors it should be done by increasing the amount to twenty-five dollars for each one of them. The time will come when this can be done.

The number of active and paying Counsellors is now limited to one hundred. Under no circumstances and for no possible reasons, no matter how plausible they may seem, should this number ever be increased. Ambitious men will advocate the increase in order that they may have a better chance to participate in the honors of the position; and they will argue that as the number of doctors in the State increase the number of Counsellors should be increased in corresponding ratio. This argument is fallacious, and should not be allowed to influence the policy of the Association. The position is honorable now. With the lapse of time it will become incomparably more honorable. Why is a seat in the French Academy so eagerly coveted by the great men of France? Because the membership is limited to forty.

I have inserted this word of warning here entirely on my own responsibility. I hope I will not, in consequence, be accused of presumption. I think I may claim to love the Association as no one else ever has or ever will. It may be that I shall not live long enough to edit another edition of the Book of the Rules; and I have yielded to the inclination to make a record of my convictions to be read by those who may come after me.

And with this hope I subscribe myself very truly,

JEROME COCHRAN, M. D.,
Senior Censor, M. A. S. A.

Montgomery, 1889.

CHAPTER I.

THE ORGANIZATION AND GOVERNMENT OF THE ASSOCIATION.

SUMMARY OF CONTENTS.

The Constitution of the Medical Association of the State of Alabama—The Code of Ordinances for the Government of the Association—The Rules in Regard to Elections—An Ordinance in Relation to the Rolls and Records—An Ordinance in Relation to the Revision of the Rolls—An Ordinance in Relation to the Committee of Publication and its Duties—An Ordinance in Relation to Reports and Discussions—The Omnibus Discussion—The Sessions of the Association—The President and his Duties—The Vice Presidents and their Duties—The Secretary and his Duties—The Treasurer and his Duties—The Board of Censors and their Duties—The Delegates and their Duties—The Counsellors and their Duties—The Members and their Duties—The Form of Charter of the County Medical Societies—Counsellors' Badges—Commentaries and Explanations—Professional Organization—The Mission of the Association—Medical Legislation—Professional Qualifications—The Examination of Medical Students—The Work of the Association—The Election of Counsellors—The Election of Officers.

THE CONSTITUTION.

SECTION I.—*Name and Seal.*

ARTICLE I. The name and style of this Association shall be "THE MEDICAL ASSOCIATION OF THE STATE ALABAMA."

ART. 2. The seal of this Association shall have, on the obverse, a winged globe on a shield, with the motto, *Nos etiam speravimus meliora*; and on the reverse the arms of the State

of Alabama, with the inscription, "*The Medical Association of the State of Alabama, 1873.*" It shall be attached to sealed documents of the Association by a ribbon of yellow silk.

SECTION II.—*Objects.*

ART. 3. The objects of this Association shall be to organize the medical profession of the State in the most efficient manner possible. To encourage a high standard of medical education, and regulate the qualifications of practitioners of medicine in the State. To promote professional brotherhood, and encourage a high standard of professional ethics. To combine the influence of all the medical men in the State, so as to secure by legislative enactments their own legitimate rights and privileges, and the protection of the people against all medical ignorance and dishonesty. To encourage the study of the medical botany, medical topography, and medical climatology of the State. To secure careful and reliable accounts of all the endemic and epidemic diseases of the State. In a word, to watch over and protect, encourage and aggrandize all the interest of the medical profession of the State.

SECTION III.—*Members.*

ART. 4. There shall be four classes of members of the Association, namely :

1. Members.
2. Delegates.
3. Counsellors.
4. Correspondents.

ART. 5. All members of county societies which hold charters from the Association shall be members of the Association.

ART. 6. Members shall have the privilege of seats on the floor at the sessions of the Association; but they shall not vote, nor hold office.

ART. 7. Members shall pay annually to the Association the sum of one dollar, which shall be sent up to the annual sessions of the Association in charge of the delegates of the respective societies.

SECTION IV.—*Delegates.*

ART. 8. Delegates shall be elected by the members of the county societies, or shall be appointed by the Presidents thereof, to represent them in the Association; and each county society shall be entitled to two delegates, whose term of service shall be for one year.

ART. 9. Delegates shall sign the Roll of Delegates for the current year; and shall pay an annual fee of five dollars.

ART. 10. Delegates shall be entitled to vote on all questions which come before the Association; but they shall not hold office.

ART. 11. Delegates may, at the discretion of the President, be appointed reporters and members of special committees.

SECTION V.—*Counsellors.*

ART. 12. The Counsellors shall be restricted in number to one hundred; and shall consist: first, of all the permanent members of the present organization who give their consent to accept the position and its responsibilities; and, secondly, of such other members as may be from time to time elected to fill existing vacancies.

ART. 13. All vacancies existing in the Century of Counsellors shall be filled at the regular sessions of the Association, the election to be made by the joint ballot of Delegates and Counsellors, in the same way as is hereinafter provided for the election of the officers of the Association.

ART. 14. Counsellors shall hold their positions permanently, or until removed by death, resignation, impeachment or neglect of duty.

ART. 15. Counsellors shall sign the Roll of Counsellors; shall pay the annual dues; shall attend at least one annual session of the Association every three years; shall perform any constitutional duty assigned to them by the President; shall fill all the regular offices of the Association; shall have the privilege of voting on all questions coming before the Association; and shall not serve as Delegates under any circumstances whatever.

ART. 16. The revision of the Roll of Counsellors shall be

made a special order of business at every annual session of the Association ; and any Counsellor who shall fail to pay the annual dues, as hereinafter provided, or any Counsellor who shall be absent from three successive sessions of the Association, shall forfeit membership, and his name shall be stricken from the Roll of Counsellors.

SECTION VI.—*Correspondents.*

ART. 17. Correspondents of the Association shall be elected at the regular annual meetings, and upon the recommendation of the Board of Censors.

ART. 18. They shall consist of distinguished members of the medical profession, living out of the State of Alabama ; or of those who, having done the Association faithful service as Counsellors for not less than ten years, may have resigned that position.

ART. 19. They shall be elected by ballot, and must receive two-thirds of the votes cast. The revision of the Roll of Correspondents shall be made a special order of business at every annual session of the Association.

ART. 20. They shall be furnished with the annual volumes of the Transactions ; they shall pay no dues ; they may transmit to the Association, from time to time, such communications as they may think proper.

SECTION VII.—*Officers.*

ART. 21. The Officers of the Medical Association of the State of Alabama shall be fifteen in number, as follows, namely :

1. One President.
2. Two-Vice Presidents.
3. One Secretary.
4. One Treasurer.
5. Ten Censors.

ART. 22. The President shall be elected for one year ; the Vice-Presidents for two years, in such way that only one vacancy will occur annually by expiration of official term ; the Secretary for five years ; the Treasurer for five years ; the Censors for five years. But every officer shall continue in office until his successor is duly elected and installed.

ART. 23. The election of Censors shall be so arranged that two vacancies will occur annually by expiration of term of office; and to fill these vacancies, two Censors shall be elected at every annual session of the Association. When vacancies occur in the Board of Censors from any other cause than expiration of term, such as death, resignation, or impeachment, then such additional Censors shall be elected as may be necessary to fill the unexpired terms.

ART. 24. The election of officers shall be done in open meeting, by ballot, and without nomination. Delegates and Counsellors shall vote; and a majority of all the votes cast shall be necessary to election.

ART. 25. In like manner there shall be elected at every annual session, one Orator and one Alternate Orator, whose duty it shall be to prepare and deliver a public address on some subject connected with medicine, or the medical profession, at the next annual session.

SECTION VIII.—*The President.*

ART. 26. The President shall be the chief executive officer of the Association. He shall preside at all meetings of the Association, preserve order, give the casting vote when necessary, and perform such other duties as parliamentary usage imposes on presiding officers.

ART. 27. He shall submit to the Association, at every annual session, an Annual Message, devoted to the discussion of the interests, objects, and business of the Association.

ART. 28. He shall every year appoint Regular Reporters on the diseases, surgery, topography, and climatology of the various parts of the State, and on such other matters of professional interest as may in his judgment require investigation.

ART. 29. He shall appoint annually the requisite number of delegates to the American Medical Association, and to such other scientific bodies as may be expedient to have this Association represented in.

ART. 30. He shall, in the intervals between the annual sessions, direct and control the general policy and business of the Association, but always with careful attention to the precedents and customary usages of the Association, and to its constitutional provisions.

SECTION IX.—*The Vice-Presidents.*

ART. 31. The Vice-Presidents, in their order, shall, in case of the absence or the death of the President, discharge all the duties belonging to the Presidential office.

SECTION X.—*The Secretary.*

ART. 32. The Secretary shall have charge of all the books, papers, and records of the Association, except those belonging to the office of the Treasurer.

ART. 33. He shall record the minutes of the transactions of the Association in all its session.

ART. 34. He shall conduct the correspondence of the Association, under the direction of the President.

ART. 35. He shall have the custody of the Seal of the Association, and affix it to all official documents of the Association, under the direction of the President.

ART. 36. He shall be *ex-officio* Chairman of the Publishing Committee.

ART. 37. He shall keep a list of all the delegates from county societies, who attend the sessions of the Association, and publish their names annually in the Transactions.

ART. 38. He shall keep the Roll of Counsellors, and shall report annually to the Association the names of those who have retained their membership by compliance with the provisions of this Constitution, and also the names of those who have forfeited membership, together with the cause of such forfeiture.

ART. 39. In the case of the absence of the Secretary, or of his duly accredited representative, at any regular or called session of the Association, the President shall appoint a Secretary *pro tempore* to discharge his duties, and such Secretary *pro tempore* shall receive such compensation as the Association may order, to be deducted from the annual salary of the Secretary.

ART. 40. The Secretary shall receive such annual salary as may from time to time be ordered by the Association.

SECTION XI.—*The Treasurer.*

ART. 41. The Treasurer shall have the custody of all the moneys, bonds, and securities belonging to the Association, except as otherwise ordered by the Association.

ART. 42. He shall collect from the Delegates and Counsellors the annual dues, and give receipts for the same.

ART. 43. He shall, within thirty days after the close of each annual session, issue a circular letter, notifying all Counsellors who were not in attendance of the necessity of prompt payment of their annual dues.

ART. 44. He shall, at the annual sessions of the Association, make annual reports of the financial condition of the Association, stating in full all moneys, bonds, and securities on hand; the several amounts received during the year, from whom, and on what account; the several amounts paid out during the year, to whom, and on what account; the several amounts due by the Association (if any), to whom, and on what account; the several amounts due to the Association (if any), by whom, and on what account.

ART. 45. He shall also include in his annual reports the names of all Counsellors who may have discontinued their membership by failing to pay the annual dues.

ART. 46. He shall furnish the Secretary of the Association, two months after the adjournment of the annual sessions, with the names of all Counsellors and Delegates who have paid their annual dues, as a guide to that officer in the distribution of the annual volumes of Transactions.

ART. 47. He shall transfer none of the money, bonds, or securities of the Association, except on a written order, signed by the President and the Secretary.

ART. 48. He shall give bond, with security, to be approved by the Board of Censors, in an amount to be fixed by the Board of Censors, equal to about double the sum likely to be in his hands at any one time, for the faithful performance of his duties; and said bond shall be properly certified and recorded according to the laws of the State of Alabama.

ART. 49. In the case of the absence of the Treasurer, or of his duly accredited representative, at any regular session of the Association the President shall appoint a Treasurer *pro tempore* to discharge his duties, and such Treasurer *pro tempore* shall receive such compensation as the Association may order to be deducted from the annual salary of the Treasurer.

ART. 50. The Treasurer shall receive such annual salary as may from time to time be ordered by the Association.

SECTION XII.—*The Board of Censors.*

ART. 51. The Board of Censors shall hold such meetings, concurrently with the annual sessions of the Association, and also from time to time such special sessions to be called by the President, as the business they have on hand may seem to require; and the number of Censors present at any session shall constitute a quorum.

ART. 52. The Censors shall elect, from time to time, one of their number to serve as Chairman of the Board, and the Chairman so elected shall serve as such during the remainder of his term of office as Censor. But the office of Chairman of the Board of Censors may also become vacant by the resignation of the incumbent; and if the incumbent should prove to be negligent or inefficient, he may be removed at any time by the vote of a majority of the quorum of Censors. In the case of the absence, without blame, of the Chairman, a chairman may be elected *pro tempore*.

ART. 53. The Board of Censors shall act as a General Committee of Reference in all questions relating to the organization and general welfare of the Association.

ART. 54. They shall act as a Court of Impeachment, and try all charges made against officers and members of the Association, and all appeals brought up from the county societies.

ART. 55. They shall examine annually the books and accounts of the Secretary and of the Treasurer, and report to the Association the state in which they find them.

ART. 56. They shall prepare, from time to time, under instructions from the Association, instructions for the guidance of the Boards of Censors of the county societies, and try all appeals from the same.

ART. 57. They shall examine all persons proposing to practice medicine in the State of Alabama, who make application to them for that purpose, and issue to such as they find sufficiently well qualified, diplomas, which shall entitle their recipients to receive professional recognition, and to practice medicine in all parts of the State.

ART. 58. All the rulings, decisions, and official acts, of whatever nature, done by the Board of Censors, shall be submitted to the Association in annual reports, to be discussed,

approved, modified, or reversed, at the pleasure of the Association.

SECTION XIII.—*Finances.*

ART. 59. Every member of the Association shall pay annually into the treasury the sum of one dollar, which amount shall be collected in the county societies in any way they may themselves prefer; and shall be sent up, at the time of the annual sessions, in charge of their respective delegates.

ART. 60. Every delegate representing any county society in the Association, shall pay annually into the treasury the sum of five dollars; and this amount shall be paid before he signs the Roll of Delegates and receives his certificate of attendance.

ART. 61. Every Counsellor of the Association shall pay annually into the treasury the sum of ten dollars; and if he is in attendance at the session, this amount shall be paid before he receives his certificate of attendance; but if he is not in attendance at the annual session, it shall be transmitted to the Treasurer within two months after the adjournment.

ART. 62. None of the funds of the Association shall ever be appropriated to furnishing festivals or entertainments at its sessions; nor for any purpose whatever except such as may look directly to the advancement of medicine, including first under this head the publication of an annual volume of Transactions.

SECTION XIV.—*County Societies.*

ART. 63. As rapidly as can be done, County Medical Societies shall be organized in all the counties of the State, under charters derived from the State Association.

ART. 64. The county medical societies shall have immediate jurisdiction over the medical profession, and over all the interests of the medical profession in their respective counties; but shall be under the general control and direction of the State Association.

ART. 65. They shall adopt the Code of Ethics of the American Medical Association.

ART. 66. They shall admit as members none but regular graduates of reputable medical colleges, and these only under

such rules and regulations as shall be from time to time determined by the State Association.

ART. 67. They shall have the right to make laws and regulations for their own government; to elect their own officers; to appoint their own delegates to the American Medical Association; and to perform all other needful acts not inconsistent with the constitution of this Association.

ART. 68. Every County Society shall appoint annually two Delegates to represent the views and interests of its members in the State Association.

ART. 69. Every County Society shall transmit annually to the State Association through its Delegates: 1st. The annual contribution of one dollar from each member of such County Society. 2d. The Report of the Secretary of such County Society of the roll of its officers and members, giving names and postoffices in full, together with anything of interest which may have occurred in the Society during the year. 3d. Such essays on medical or surgical topics, and such reports of cases as may be esteemed of sufficient importance to be submitted to the consideration of the State Association.

ART. 70. Every County Medical Society shall have a Board of Censors, consisting of three or five of its most honored and trusted members; and these Boards of Censors shall have it in special charge to do three things, namely:

ART. 71. 1st. To make a register of all the practitioners of medicine in their respective counties who hold diplomas of reputable medical colleges, and who are in good standing, and to publish the same; and the courtesies of the profession as to consultation, etc., shall not be accorded to any practitioner whose name is not registered.

ART. 72. 2d. To examine all persons hereafter proposing to study medicine in their respective counties; and no practitioner shall receive as a student of medicine any one who does not hold a certificate of having passed a favorable preliminary examination of the Board of Censors of his county.

ART. 73. 3d. To examine carefully every person who proposes hereafter to commence the practice of medicine in their respective counties, provided such person holds the diploma of

a reputable medical college. The names of such as pass a favorable examination shall be entered on the Register of Physicians for the county, and they shall be admitted to all the privileges of the profession; but such as pass an unfavorable examination, shall not receive professional recognition.

ART. 74. But if any person so proposing to begin the practice of medicine in any county, holds the diploma of the Board of Censors of the State Association, he shall be registered, without examination, by the County Board of Censors.

ART. 75. The Register of Physicians for the several counties shall be published annually, in such way as the several County Societies shall direct, for the information of the profession and the public.

ART. 76. Compliance with the requirements of Articles 71, 72, 73, 74, 75, and 76, shall be left to the discretion of the several County Societies during a period of ten years, reckoned from the date of the adoption of this constitution.

ART. 77. The County Societies shall all consider themselves bound to abide by the decision of the majority of the members at any annual session of the State Association, whether the votes of their own delegates be recorded in that majority or not.

ART. 78. Every county society, within whose bounds the State Association shall determine to hold any annual session, shall make all necessary arrangements for the same.

SECTION XV.—*Business of the Association.*

ART. 79. The Association shall hold one session every year at such time and place as a majority of votes may determine; Provided, however, that the Association shall not meet at any one place for two consecutive years.

ART. 80. The general order of business at the annual sessions of the Association shall be as follows, namely:

1. The registration of delegates and counsellors in attendance. This can be mostly done under the supervision of the officers before the Association is called to order.

2. Formal opening of the session, including: call to order by the President; prayer; address of the Committee of Arrangements; and the annual message of the President.

3. The Annual Reports of the Vice-Presidents in the order of their seniority.

4. Reports of the Secretary, the Treasurer, and Special Committees.
5. Motions, resolutions, and miscellaneous business.
6. Essays of the Regular Reporters in alphabetical order of Reporters' names.
7. Medical Essays and Reports sent up from County Societies.
8. Volunteer Essays and Reports submitted by permission of the Association.
9. The Omnibus Discussion.
10. The Report of the Board of Censors.
11. Motions, resolutions and miscellaneous business.
12. Revision of the Roll of the County Societies.
13. Revision of the Roll of Counsellors.
14. Revision of the Roll of Correspondents.
15. Election and installation of officers.
16. Unfinished and neglected business.
17. Adjournment.

ART. 81. The order of business laid down in Article 79 may be suspended at any time by a vote of two-thirds of the members present.

SECTION XVI.—*Offenses and Punishments.*

ART. 82. Every member who shall be guilty of unprofessional conduct, by violation of the Code of Ethics, or of any gross immorality, or conduct unbecoming a gentleman, shall be expelled from the Association, and shall forfeit all professional recognition and courtesy ; or, if the case is not sufficient to justify expulsion, he shall be subjected to such censure as the Association may think warranted by the circumstances.

ART. 83. All charges of unprofessional conduct, or of any malfeasance, against any member or officer of the Association, shall be made to the President in writing, and shall be authenticated by the signature of at least two members of the Association.

ART. 84. All such charges shall be read by the Secretary at the annual session of the Association ; and shall be spread on the minutes, and then referred to the Board of Censors for investigation.

ART. 85. The Board of Censors shall make their investigation of charges referred to them as speedily as may be consistent with the attainment of correct knowledge in the premises, and make such report to the Association as will enable the Association to have a proper understanding of the case.

ART. 86. Every member against whom charges are alleged shall have the right to be heard in his own defense, either in person or by counsel; and shall be furnished with a copy of the charges against him and allowed a reasonable time to obtain any necessary testimony.

ART. 87. The case being brought back to the consideration of the Association, by the report of the Board of Censors, shall be subjected to such discussion as the Association may determine, and shall be decided by vote by ayes and noes.

ART. 88. A vote of censure may be passed by a majority of the members present; but a vote of expulsion shall require the concurrence of two-thirds of the members present.

ART. 89. The State Association shall have appellate jurisdiction in all trials before County Societies. In all such cases a full report of the proceedings in the case in the County Society shall be presented to the Association properly authenticated. The charges shall be referred to the Board of Censors, and the whole process of trial shall be in conformity with the provisions of the previous articles of this section.

SECTION XVII.—*Amendments.*

ART. 90. All amendments of the provisions of this Constitution shall be proposed in writing, at a regular annual session of the Association, shall lie over until the next annual session, and shall then require for enactment a majority of two-thirds of the members present, the vote being taken by ayes and noes.

SECTION XVIII.—*Grand Senior Life Counsellors.*

ART. 91. A new Class of Counsellors is hereby created in addition to the Century of Counsellors provided for in section five of the Constitution of this Association; the said new class of counsellors shall consist of such persons as have served the Association as counsellors for the full term of twenty years under the provisions of said section five; the members of said

new class of counsellors shall have all the rights and privileges belonging to the Century of Counsellors ; and they shall owe the same services to the Association, except that they shall be exempt from the payment of the annual dues, and from compulsory attendance on the annual sessions. They shall be known as Grand Senior Life Counsellors.

NOTE.—The ten years of discretion allowed the County Societies in Article 76 of the Constitution expired in April, 1883, since which date compliance with the requirements of Articles 70, 71, 72, 73, 74, 75, has become a matter of obligation.

The Constitution is here printed as originally adopted in Tuscaloosa in 1873, with such amendments as have been subsequently made.

THE CODE OF ORDINANCES FOR THE GOVERNMENT OF THE STATE ASSOCIATION.

AN ORDINANCE IN RELATION TO THE ROLLS AND RECORDS.

Be it ordained by the Medical Association of the State of Alabama, 1. That the Secretary of the Association shall keep a book, of size and style suitable for the purposes intended, in which there shall be recorded these four Rolls, namely ; (1) The Roll of the County Medical Societies holding Charters from the Medical Association of the State of Alabama ; (2) The Roll of the Officers of the Medical Association of the State of Alabama ; (3) The Roll of the College of Connsellors of the Medical Association of the State of Alabama ; (4) The Roll of the Correspondents of the Medical Association of the State of Alabama. This book to be bound in blue, and to be known as the Book of the Rolls of the Medical Association of the State of Alabama, and to be used as the basis for the revision of the rolls prescribed in the Constitution.

2. That the Secretary of the Association shall keep a photographic album, of size and style suitable for the purpose intended, and capable of containing one hundred photographic portraits. This album to be bound in red, and to be known as the Book of the Portraits of the Medical Association of the State of Alabama, and in it there shall be inserted the photographs of those counsellors who have served the Association

as such for five consecutive years, every counsellor so honored to furnish his own photograph.

3. That the Secretary of the Association shall keep a book, of suitable size and style for the purpose intended, arranged with alternate leaves for the reception of photographs and for the reception of records, and capable of containing one hundred of each. This book to be bound in gold, and to be known as the Book of the Dead—the Grand Roll of Honor—of the Medical Association of the State of Alabama, and in it there shall be inserted upon the death of any counsellor the same photographic likeness of him that was before contained in the Book of Portraits, together with a sketch of his life.

RULES IN REGARD TO ELECTIONS.

The rules that here follow should be read to the Association by the President as a preliminary to the revision of the rolls to the end that members may act advisedly in casting their ballots.

(1.) No member shall be elected to any of the offices of the Association, or to the College of Counsellors, unless he is in actual attendance on the session of the Association at which the election is held.

(2.) No one shall be elected a counsellor who has not been a member of the Association for five consecutive years; except in the case of members of county societies whose charters are less than five years old.

(3.) In the election of counsellors it is the avowed policy of the Association to distribute them in a general way by congressional districts so as to give to each district a number of counsellors in approximate proportion to the number of members of the county societies in the said district. To facilitate the application of this principle the President should have read and posted for the information of members, a statement showing for each congressional district; (1) The aggregate membership of the county societies in it; (2) The number of counsellors resident in it; (3) The number of counsellors to which it is entitled under the rule; and, (4) The difference in excess or in deficiency between these two numbers.

(4.) As long as the Association continues its present policy

of holding its successive annual sessions at different places the President elected at any annual session shall not be a resident of the county in which said session and election are held.

AN ORDINANCE IN RELATION TO THE REVISION OF THE ROLLS.

Be it ordained by the Medical Association of the State of Alabama, That the revision of the four following Rolls, namely: (1) The Roll of the County Medical Societies; (2) The Roll of the College of Counsellors; (3) The Roll of the Correspondents; (4) The Roll of the Officers; shall constitute a part of the regular order of business at every annual session of this Association.

SECTION I.—*The Order of the Revision of the Roll of the County Medical Societies.*

Be it further ordained, (1) That whenever at any annual session of the Association the time comes for the Revision of the Rolls, the President shall make the announcement thus: *Gentlemen of the Association, the order of business now is the Revision of the Rolls.* And he shall see that the Secretary, the Treasurer, and the Senior Censor, are in their several places.

(2.) He shall then say: *We will proceed to the Revision of the Roll of the County Medical Societies.* Then addressing the Secretary, he shall continue: *The Secretary will call the Roll of the County Medical Societies.* Which the Secretary will proceed to do, naming them in the order in which they stand in the Book of the Rolls.

(3.) When the secretary calls the name of any county medical society, the proper representative of such society shall respond: *Present by one delegate—or, present by two delegates, as the case may be—and the annual report has been duly rendered.*

(4.) Or, if there is no delegate present, the response may be made by any counsellor belonging to the same county, who has been so authorized: *Not present by delegates, but the annual report has been duly rendered.*

(5.) Or, if the facts give such warrant, the Secretary may respond: *Not present by delegates, but the annual report has been rendered.*

(6.) As the response is made the President shall give the order: *Let it be so entered on the Roll.*

(7.) Then the President shall ask: *Shall the medical society of blank county pass?*

(8.) And if the facts give such warrant, the Senior Censor shall answer: *Let it pass.*

(9.) Or if the facts give such warrant, the Senior Censor shall answer, stating why it should not pass, as thus: *On the recommendation of the Board of Censors, it has been ordered by the Association that this society shall be expelled from the fellowship of the Association; and I therefore move it be stricken from the Roll.*

(10.) Whatever the decision may be, the President shall say: *It is so ordered.* And the record shall be made accordingly.

(11.) When the Secretary has finished the calling of the Roll, the President shall say: *Have all of the county medical societies been called?* and this to the end that if there has been any oversight it may be corrected at once.

(12.) Then the President shall say: *Are there any County medical societies to be added to the Roll?*

(13.) And if the fact is so, the Senior Censor shall answer: *No application for charters have been made during the present session of the Association, and there are, therefore, no additions to be made to the Roll.*

(14.) Or if the fact is so, the Senior Censor shall answer: *During the present session of the Association charters have been granted to the following county medical societies (here naming them), and I therefore move that they be added to the Roll.*

(15.) Then the President shall say: *It is so ordered. The revision of the First Roll is here ended. The Roll of the County Medical Society stands closed until the next annual session of this Association.*

SECTION II.—*The Order of the Revision of the Roll of the College of Counsellors.*

Be it further ordained, (1) That when the Revision of the Roll of the County Medical Societies has been concluded, the President shall make announcement thus: *Gentlemen of the Association, the order of business is still the Revision of the Rolls; we will proceed to the Revision of the Roll of the College of Counsellors.*

(2.) Then, addressing the Secretary, he shall continue: *The Secretary will call the Roll of the Counsellors.*

(3.) Then the Secretary shall proceed to call the Roll of the College of Counsellors, naming them in the order in which they stand in the Book of the Rolls.

(4.) When the Secretary calls the name of any counsellor, if he is *present*, he shall answer accordingly. Then the President shall say: *The Counsellor answers to his name. If there is no objection he will be passed.*

(5.) Or if the counsellor is not present, any friend who has been authorized to do so, may answer for him according to the facts. Then the President shall say: *You have heard the statement in relation to the counsellor. If there is no objection he will be passed.*

(6.) Or if the counsellor has written to the Secretary, that officer may answer for him according to the facts. Then the President shall say: *You have heard the Secretary's statement in relation to the counsellor. If there is no objection he will be passed.*

(7.) Or if no one is prepared to answer for the counsellor whose name is called, then the President shall inquire first, of the Secretary, and then of the Treasurer: *Is the counsellor clear of the books?* And if the replies are satisfactory, he shall say: *You have heard the statements of the Secretary and of the Treasurer in relation to the counsellor. If there is no objection he will be passed.*

(8.) If there is any reason why the counsellor should not be passed, this reason must be stated by the proper officer.

(9.) If the reason is non-attendance, the Secretary must answer: *I regret to have to make objection, but the counse-*

lor has been absent from the annual sessions of the Association for three consecutive years.

(10.) If the reason is non-payment of dues, the Treasurer must answer: *I regret to have to make objection, but the counsellor's dues for the last year have not been paid.*

(11.) If the reason is a vote of expulsion, the Senior Censor must answer: *I regret to have to make objection, but the counsellor has been expelled from the fellowship of the Association.*

(12.) If the objection stated is not controverted, the President shall say: *I regret to have to make the order, but the rules of the Association must be enforced; the Secretary will strike the gentleman's name from the Roll of the College of Counsellors and duly notify him of the fact.*

(13.) If any counsellor offers his resignation, it shall be presented when his name is called, and such action shall be taken in the premises as the Association may see fit to order. If the resignation is accepted, the President shall say: *The Secretary will strike the name of the counsellor from the Roll of the College of Counsellors, and will also give him due notice that his resignation has been accepted; and will add to the notice the expression of our regret at the severance of his connection with us.*

(14.) When the name is called of any deceased counsellor, whoever may feel authorized to answer, shall say: *He has departed from this life, and has gone to his reward.* Then the President shall say: *We are grieved to hear of the death of our brother counsellor; let us cherish his memory in our hearts; and (in the case of a Junior Counsellor) let his name and record be transferred to the Grand Roll of Honor. And (in the case of a senior counsellor) let his portrait and his record be transferred to the Grand Roll of Honor. Requiescat in pace.*

(15.) When the Secretary has finished the call of the roll, the President shall say: *Have all the counsellors been called?* and this to the end that if any oversight has been made, it may be corrected at once.

(16.) Then the President shall say: *Are there any vacancies in the College of Counsellors?* And the Secretary shall state what vacancies exist, if there are any.

(17.) Then the President shall say: *What is the will of the Association in relation to the vacancies in the College of Counsellors?* Thereupon such action shall be taken as the Association may see fit to order.

(18.) If no vacancies are reported, the President shall say: *I congratulate the Association that the Century of the College Counsellors is complete; long may it remain unbroken.*

(19.) If any new counsellors have been elected, the President shall say: *Drs. Blank and Blank having been duly elected to the College of Counsellors of this Association, the Secretary will notify them accordingly; and if they comply with the rules and accept the position, he will so report to the next session of this Association; or if any of them fail to accept the position, he will also report the facts accordingly.*

(20.) Then the President shall say: *Are there any counsellors elect to be added to the roll of junior counsellors?* And the Secretary shall answer by reading the names of all the counsellors elect who have signed the counsellor's pledge and paid the requisite dues.

(21.) Whereupon the President shall say: *If there is no objection the counsellors elect whose names have been read by the Secretary will be added to the roll of junior counsellors under date of their election.* And if no objection is made he shall continue: *It is so ordered.* And the record shall be made accordingly.

(22.) Then the President shall say: *Are there any junior counsellors who are entitled to be passed to the grade of senior counsellor?* And the Secretary shall answer by reading the names of all the junior counsellors who shall have served as such during the full period of five consecutive years.

(23.) Whereupon the President shall say: *If there is no objection the junior counsellors of five years standing, whose names have been read by the Secretary, will be passed to the grade of senior counsellor.* And if no objection is made, he shall continue: *It is so ordered.* And the Secretary will so notify them, and will also request their photographs for insertion in the Book of the Portraits.

(24.) Then the President shall say: *Are there any senior counsellors who are entitled to be passed to the grade of grand*

senior counsellor? And the Secretary shall answer by reading the names of all the senior counsellors who have served as such for the full period of five consecutive years.

(25.) Whereupon the President shall say: *If there is no objection the senior counsellors of five years standing, whose names have been read by the Secretary, will be raised to the grade of grand senior counsellor.* And if no objection is made, he shall continue: *It is so ordered.* And the Secretary will so notify them, and they will be duly invested with the grand senior counsellor's medal as the badge of the new dignity which they have worthily obtained.

(26.) Then the President shall say: *Are there any grand senior counsellors who are entitled to be passed to the grade of grand senior life counsellor?* And the Secretary shall answer by reading the names of all the grand senior counsellors who have served as such for the full period of ten consecutive years.

(27.) Whereupon the President shall say: *If there is no objection the grand senior counsellors of ten years standing, whose names have been read by the Secretary will be raised to the grade of grand senior life counsellor.* And if no objection is made he shall continue: *It is so ordered.* And the Secretary will so notify them and they will be duly invested with the decoration belonging to this new dignity.

(28.) The President shall then say: *Is there anything else to be done in relation to the Revision of the Roll of the College of Counsellors?* And if there is nothing he shall add: *The revision of the Second Roll is here ended. The Roll of the College of Counsellors stands closed until the next annual session of this Association.*

SECTION III.—*The Order of the Revision of the Roll of the Correspondents.*

Be it further ordained, That at the conclusion of the Revision of the Roll of the College of Counsellors, the President shall say: *Gentlemen of the Association, the order of business is still the Revision of the Rolls; we will proceed to the Revision of the Roll of the Correspondents.*

(2.) Then, addressing the Secretary, he shall continue: *The Secretary will call the Roll of the Correspondents.*

(3.) The Secretary shall then proceed to call the Roll of the Correspondents, naming them in the order in which they stand in the Book of the Rolls.

(4.) When the name is called of any correspondent, inquiry shall be made in relation to him by the President: *Whether he has been recently heard from; whether the Secretary has been in communication with him; whether he is still living; and other such questions.*

(5.) If it should appear that any correspondent has died, the President shall give order to have his name stricken from the Roll of the Correspondents, and such other action shall be taken in relation thereto as the Association may see fit to order.

(6.) Then the names of such correspondents as have been elected at the current session shall be added to the roll, on the order of the President.

(7.) The President shall then say: *The Revision of the Third Roll is here ended. The Roll of the Correspondents stands closed until the next annual session of this Association.*

SECTION IV.—*The Revision of the Roll of the Officers.*

Be it further ordained, (1.) That at the conclusion of the revision of the Roll of the Correspondents, the President shall say: *Gentlemen of the Association, the order of business is still the Revision of the Rolls; we will proceed to the revision of the Roll of the Officers.*

(2.) Whereupon the Secretary shall proceed to read the list of the offices to be filled; and the election shall then be made in the mode prescribed in the Constitution.

(3.) The balloting for officers shall follow the order in which they are named in the constitution; but in balloting for Vice-Presidents and Censors, two names may be included in the same ballot.

(4.) When the election is finished, the President shall announce the names of the officers elect; and he shall then say: *Have all the vacancies in the Roll of the Officers been filled?* If the response is in the affirmative, he shall add: *The Revision of the Fourth Roll is here ended. The Roll of the Officers stand closed until the next annual session of this Association.*

(5.) The President shall then make the formal announcement: *The revision of the Four Rolls having been completed, the Book of the Rolls stands closed until the next annual session of this Association. The next order of business is the installation of the Officers Elect.*

(6.) It is to be understood that this ordinance is designed to indicate the general plan of procedure for the Revision of the Rolls; but it is not obligatory to the extent of requiring that the exact words of the ordinance shall be used in every instance.

Done in annual session, in the city of Selma, on the 11th day of April, Anno Domini, one thousand eight hundred and seventy-nine.

AN ORDINANCE IN RELATION TO THE COMMITTEE OF PUBLICATION AND ITS DUTIES.

Be it ordained by the Medical Association of the State of Alabama, (1.) That the committee of publication contemplated by Article 36 of the constitution, is hereby created, to consist of the Secretary of the Association, who is ex-officio the chairman of it, and of two other members of the Association, to be appointed by the President from time to time as occasion may require.

(2.) That these appointments shall be made, as to the place of residence and the personal fitness of the appointees, with the view to secure the publication of the Transactions under the most favorable circumstances, and in an appropriate and uniform style of typography.

(3.) That the committee of publication shall have full editorial supervision over the Transactions, and shall determine what papers and parts of papers shall be admitted to publication, subject only to the orders of the Association and to the provisions of this ordinance.

(4.) That the title page of every annual volume of the Transactions shall bear two titles, namely, the principal title in the words, "The Transactions of the Medical Association of the State of Alabama," and the subordinate title in the words, "The Report of the State Board of Health," and below these

the date of the session, together with the seal of the Association, and other necessary details.

(5.) That after the title, the preface, and other such like preliminary matter, the contents of the annual volumes shall be arranged in three separate divisions.

(6.) That the first of these divisions shall be entitled, "The Minutes of the Proceedings of the Medical Association of the State of Alabama," and shall inclnde in their several places: The Address of the Committee of Arrangements; The Annual Message of the President; The Annual Report of the Seeretary; The Annual Report of the Treasurer; The Annual Report of the Board of Censors; The Annual Revision of the Rolls; together with the usual record of motions, resolutions, discussions, etcetera.

(7.) That the second of these divisions shall be entitled, "The Register of the Medical Association of the State of Alabama," and shall include, in the order named: The Roll of the County Medical Societies, with the names and post-office addresses of all the officers and members of the societies, and the names of physicians not members of the societies; The Roll of the College of Counsellors, with dates of election and post-office addresses; The Roll of the Correspondents, with dates of election and post-office addresses; The Roll of the Officers, with dates of election and post-office addresses; The Schedule of the Regular Reporters, with subjects and post-office addresses; The Schedule of the Special Committees (when there are any); The Schednle of the Sessions of the Association, with dates and places, and names of Presidents and Vice-Presidents; The Obituary Record; and after these such other matter of similar character as the Association may from time to time direct.

(8.) That the third of these divisions shall be entitled, "The Appendix of Medical and Sanitary Dissertations and Reports," and shall include the annual oration; the essays of the regular reporters, arranged in such order as the committee of publication may determine; and after these, such other papers at may become expedient to publish.

(9.) That the committee of publication shall publish of every annual volume of the Transactions a sufficient number

of copies for distribution to the members of the Association, for exchange with other associations and boards of health, and for the supply of such other demands as it may from time to time become expedient to provide for.

(10.) That in the distribution of the transactions, every counsellor of the Association is entitled to two copies of every annual volume; every delegate to two copies; every correspondent to one copy; and every other member to one copy; and that every visiting delegate from other state associations shall have forwarded to him a complimentary copy of the Transactions of the session at which he was present.

(11.) That in carrying out the provisions of this ordinance, the committee of publication shall always scrupulously refrain from involving the association in debt, and that no copies of the Transactions shall be distributed to such members of the Association, of whatever grade, as have failed to pay the annual dues according to the provisions of the constitution.

(12.) That the publishing committee shall make to the Association an annual report of their work, to be in order next after the annual report of the Secretary; and said annual report shall specify: (1.) The number of copies of the Transactions printed and the cost of the same; (2.) The number of copies distributed, to counsellors, to delegates, to members, to correspondents, to associations and boards of health, to departments of the federal and state governments, and to other parties, if any; and the cost of such distribution; (3.) The classified list of the exchanges and other books and papers received, and the cost of the same, if any; said exchanges and books and papers to be promptly deposited in the library of the state board of health; (4.) Such suggestions, explanations, and recommendations in regard to the work and duties of said publishing committee as to them may seem advisable.

Done in the city of Selma, on the 11th day of April, Anno Domini, one thousand eight hundred and seventy-eight.

AN ORDINANCE IN RELATION TO REPORTS AND DISCUSSIONS.

Be it ordained by the Medical Association of the State of Alabama, (1.) That in the appointment of the regular reporters authorized by the constitution of this association, the President shall, in all cases, expressly designate the subject upon which each and every reporter is appointed to write.

(2.) That no reporter's name shall be announced in the schedule of the regular reporters until he has first agreed in writing to prepare a paper on the subject assigned to him.

(3.) That all reports and papers, whether regular or volunteer, shall be fairly and legibly written out; and shall be handed to the Secretary before the adjournment of the session at which they have been presented; and that papers and reports in regard to which these rules have not been observed shall not be submitted to the committee of publication.

(4.) That no report of any regular reporter, and no volunteer paper or report, shall be allowed to occupy in the reading of it more than thirty minutes; except that when the report or paper is deemed to be of exceptional interest or value, by the unanimous consent of the association, the time may be extended; but the whole time is not, in any case, to exceed one hour.

(5.) That the authors of lengthy reports and papers are expected to prepare abstracts of them for reading before the Association, the time allotted to such abstracts not to exceed thirty minutes; and that when such abstracts are read, they shall be submitted, together with the complete reports or papers themselves, to the committee of publication.

(6.) That the regular reporters shall be called in the alphabetical order of their names; and that if any one of them fails to read his report in its regular order, his name shall not be called a second time until the end of the schedule has been reached.

(7.) That in the discussion of the reports and papers here in question, no member who engages in the debate shall be allowed to speak at any one time more than thirty minutes; nor more than twice in the discussion of any one report or paper.

(8.) That no abstract of the remarks made by any speaker,

in the discussion of the regular reports, shall be published in the minutes of the proceedings of the association, unless such abstract is furnished in writing to the Secretary by the speaker himself; and then only at the discretion of the committee of publication.

Done in annual session, in the city of Huntsville, Anno Domini, one thousand eight hundred and eighty.

THE OMNIBUS DISCUSSION.

Heretofore the omnibus discussion has not been regulated by special ordinances; but the order for conducting it has been gradually evolved out of the results of experience until it may be regarded as definitely settled by the custom and practice of the Association, and may be stated, in detail, as follows:

(1.) The omnibus discussion belongs properly to the third day of the annual session, and is expected to fill up pretty much the whole of the morning session of that day. It may, however, begin on the second day after the reading and discussion of the regular reports, if there should be spare time available for this purpose.

(2.) In the conduct of the discussion the volunteer papers shall be read in the alphabetical order of the names of their authors. But if any papers are passed over in the first call the list may be called a second time. The time given to the reading of a volunteer paper should not usually exceed ten minutes, and must never exceed twenty minutes. More elaborate papers may be read in part or in abstract.

(3.) Every volunteer paper as it is read is to be submitted by the President to the Association for discussion. Speeches on these papers ought not usually to occupy more than five or ten minutes, and as many members as possible should be encouraged to take part in the discussions.

(4.) After the volunteer papers have been disposed of any member of the association may present for discussion any medical topic in which he feels an interest, and as it is desirable to magnify this part of the omnibus discussion as much as possible, it is hoped that members will not be slow to avail themselves of the privilege accorded them in this rule.

(5.) The omnibus discussion is not intended to open the way to elaborate lectures on special diseases or on medical questions of any sort, but rather to enable the members, for their mutual instruction, to elucidate their opinions in short speeches in relation to medical topics of current interest; such as details of personal experience in the use of new remedies; or of original or peculiar views in reference to the nature of diseases and their treatment; or of facts in relation to endemic and epidemic influences; or, in short, to elicit the salient points of professional experience and opinion in a brief and informal way.

(6.) In the conduct of the omnibus discussion the President should exercise a large discretion; should encourage some speakers, and check others; and should divert the discussion into new channels when it degenerates into trivialities or common places.

(7.) Volunteer papers read in the omnibus discussion shall be submitted to the publishing committee, to be disposed of under the rules now governing said committee; but no abstracts shall be published of the speeches made in the omnibus discussion.

THE SESSIONS OF THE ASSOCIATION.

(1.) Until otherwise ordered, the Association meets annually on the second Tuesday in April, and continues in session four days.

(2.) Until otherwise ordered, during the annual sessions the daily meetings extend from ten o'clock in the morning to three o'clock in the afternoon, except on the first day of the session, when the Association is called to order promptly at twelve o'clock, noon, and adjourns at three o'clock in the afternoon.

(3.) The first day of the session is devoted to the formal business of the Association, namely, the organization, the president's message, the reports of the officers, the reports of the county societies, and the reports of special committees. And on the evening of the first day, the annual oration is delivered.

(4.) The second day of the session is devoted to the reading and discussion of the regular reports, and to such miscellaneous business as it may be deemed expedient to consider. An even-

ing session may be held on the second day for the discussion of the medical papers read during the morning, or for such other business as may be agreed upon.

(5.) The third day of the session is devoted to the omnibus discussion, and to such miscellaneous business as may need attention. A special session may be held on the evening of the third day for continuing the omnibus discussion, or for such other business as may be agreed on. When evening entertainments are given, it is more convenient for them to come on the third day.

(6.) The fourth day is devoted to the report of the board of censors, and the revision of the rolls. On this day, it is not practicable to hold an evening session.

(7.) The special arrangements for the annual sessions are left very much to the discretion of the local committee of arrangements. The necessary expenses of the sessions are paid by the Association. In the discharge of their duties, the committee of arrangements should not forget the reasonable demands of economy. The Association has a good income, but does not care to expend it in paying heavy rents for fashionable halls to meet in.

THE PRESIDENT AND HIS DUTIES.

The duties of the President are given in general terms in section VIII of the constitution. Such additions and developments of these duties as have been made from time to time, are here gathered together in regular order.

Be it ordained by the Medical Association of the State of Alabama, (1) That when any vacancy occurs in the intervals between the annual sessions of the Association in the office of any vice-president, secretary, treasurer, or censor of the Association, the President of the Association shall forthwith appoint some suitable member of the College of Counsellors to fill such vacancy until the next subsequent annual session of the Association.

(2.) That the President shall duly report the facts connected with such temporary appointments to the Association at its next subsequent annual session, and any officer so appointed is

expected to perform, in good faith, all the duties and obligations that were incumbent on his predecessor in office.

(3.) That in any grave emergency, growing out of the death or resignation or malfeasance in office of any officer of the Association, the President may call the board of censors to his assistance, and in connection with them take such steps as may seem expedient under the circumstances.

Additional Suggestions.

(1.) The President stands in the relation of commander-in-chief to the Association considered as an army; and should keep himself in constant communication with the presidents of the county societies, as the captains of his companies. He should see to it that his division commanders, the two vice-presidents, of the Association, who have charge of the active field work, are not allowed to neglect any of the important duties committed to their charge; and to this end he should require from them such monthly or occasional reports as will keep him thoroughly advised of their plans and movements, and of the condition of the county societies under their respective jurisdictions.

(2.) In accordance with article 27, it is intended that the annual message of the President shall be strictly "devoted to the discussion of the interests, objects, and business of the Association," and not to the scientific discussion of some subject belonging properly to practical medicine or public hygiene, considered as departments of human knowledge.

(3.) As a rule, the subjects assigned to the regular reporters should stand in some definite relation to the State of Alabama. For example, "Pneumonia," or "Phthisis," is hardly an appropriate subject for a regular report; but "Pneumonia as it occurs in Alabama," would be an appropriate subject. So, also, would be any subject connected with the medical topography, or the medical climatology of the State, or any part of it, or with the endemics or the epidemics from which the people of the State are accustomed to suffer. Nor could any fault be found with general reports on recent advances in special departments of medicine, or in our knowledge of special diseases.

(4.) The President should appoint the regular reporters

within thirty days after the close of the annual session of the Association, so as not to delay the committee of publication in the issue of the annual volume of Transactions. He should also appoint his committees promptly, and should see that the Secretary and the Treasurer are not negligent of their respective duties.

(5.) The President should direct the omnibus discussion in such way as to secure the accomplishment of the purpose for which it was instituted, and with a view of making it as comprehensive, as miscellaneous, and as fresh as possible.

(6.) The President should make himself familiar with all the business methods of the Association, so as to be able to preside with dignity and efficiency; and he should especially master all the details of the order of the revision of the rolls, so as to be able to conduct that important part of the proceedings with promptness and decorum.

(7.) In a word, the President should remember that the honors of his office are coupled with corresponding obligations; should feel that he is the responsible head of the Association, and should not leave it to drift at the mercy of the winds and the waves of chance and circumstance.

THE VICE-PRESIDENTS AND THEIR DUTIES.

The duties of the vice-presidents are briefly indicated in section IV of the constitution. Since the adoption of the constitution the functions of these officers have been multiplied and enlarged according to the schedule that here follows:

(1.) As a basis for the work of the vice-presidents, the State is divided into two departments, to be known respectively as the first division and the second division.

(2.) The first division is composed of the counties of Lauderdale, Limestone, Madison, Jackson, Colbert, Franklin, Lawrence, Morgan, Marshall, DeKalb, Marion, Winston, Cullman, Blount, Etowah, Cherokee, Lamar, Fayette, Walker, St. Clair, Calhoun, Cleburne, Pickens, Tuscaloosa, Jefferson, Shelby, Talladega, Clay, Randolph, Bibb, Coosa, Tallapoosa, and Chambers.

(3.) The second division is composed of the counties of Sumter, Greene, Hale, Perry, Chilton, Autauga, Elmore, Lee,

Marengo, Dallas, Lowndes, Montgomery, Macon, Bullock, Russell, Choctaw, Wilcox, Butler, Crenshaw, Pike, Barbour, Washington, Clarke, Monroe, Conecuh, Covington, Coffee, Dale, Henry, Mobile, Baldwin, Escambia, and Geneva.

(4.) One of the vice-presidents is to be elected for the first division, and is to have said division under his immediate charge. The other vice-president is to be elected for the second division, and is to have said division under his immediate charge.

(5.) The vice-president longest in office takes rank as the senior vice-president; and the other as the junior vice-president.

(6.) It is made the duty of the vice-presidents, each in his division, to assist the President actively and systematically in the administration of the ordinances of the Association; to promote the prosperity and organization of the county societies; to encourage the prompt and regular attendance of members on the meetings of the county societies; to encourage reputable physicians who are not members of the county societies to join them and become participants in their work; to encourage the county societies to send delegates to the meetings of the State Association; and especially to encourage and promote in the several counties the efficient administration of the health laws of the State, and of the law to regulate the practice of medicine in the State.

(7.) For the proper discharge of these duties it will be necessary for the vice-presidents to be in regular and frequent correspondence with the officers and members of the county societies, and with physicians not members of the societies, so as to keep themselves properly advised as to their status and discipline, and so as to be able to act with prudence, discretion, and efficiency.

(8.) The vice-presidents, in order of seniority, shall make to the Association at the annual sessions thereof, and immediately after the reading of the President's message, written reports containing detailed accounts of the work done by them as officers of the Association. These reports should include a special section for every one of the county societies, giving a brief but accurate and comprehensive account of its status and work during the preceding year. They should be devoted

strictly to business, and should not be made vehicles for sanitary and medical discussions.

(9.) The vice-presidents should exert themselves in all possible ways to accomplish the purposes hereinbefore mentioned; but they should make it a point to work chiefly through the vice-presidents of the county societies and the delegates representing the county societies in the Association; and at the sessions of the Association each vice-president should gather about him for consultation the county vice-presidents and delegates from his division, so as to be able to serve them to the best advantage, and establish with them the closest possible relations.

THE SECRETARY AND HIS DUTIES.

The duties of the Secretary are detailed in section X of the constitution. Other duties which he is also expected to discharge are included in the ordinance in relation to the rolls and records, and in the ordinance in relation to the committee of publication and its duties, both of which will be found in their proper places, and in the ordinance which here follows, which was passed at the Mobile session of 1876:

Be it ordained by the Medical Association of the State of Alabama, (1.) That every year the Secretary of this Association shall forward to every one of its correspondents a copy of the Transactions for the current year, as is now required by the constitution.

(2.) That the Secretary shall also forward, at the same time, a suitable communication to every such correspondent, requesting that he will acknowledge the reception of the Transactions, and reminding him that the Association will be pleased to receive from him, from time to time, such contributions on medical topics as he may feel disposed to make.

(3.) That the Secretary shall also furnish to correspondents the same circular notice, with reference to the time and place of holding the annual sessions, as is furnished to other members of the Association.

Besides the duties already mentioned, so many incidental duties devolve upon the Secretary that it has been deemed

advisable to sum them up here in a regular schedule, so that none of them may be overlooked.

Before the annual sessions, his duties are—

(1.) To write to the chairmen of all the special committees to ascertain if their reports will be ready.

(2.) To write to all the regular reporters to ascertain if their reports will be ready.

(3.) To place himself in communication with the local committee of arrangements, so as to be certain that all the usual arrangements for the session are duly made.

(4.) To issue an annual circular to all of the members of the Association, stating the character of the business that will come before the approaching session, and reminding the secretaries of the county societies of the annual reports which they are required to make to the Association, together with such additional suggestions as may from time to time seem advisable.

During the annual sessions, his duties are, in addition to keeping the minutes of the proceedings—

(1.) To attend at the hall where the session is to be held on the first day of the session from 10 o'clock, a. m., to 12 o'clock, m., for the registration of members.

(2.) To attend at the hall, for the registration of members, on all of the subsequent days of the session, from 9½ to 10 o'clock a. m.

(3.) To keep, with daily revisions the roll of the counsellors and delegates in attendance, so as to be ready for the call of the ayes and noes, and for other purposes.

(4.) To prepare an alphabetical schedule of the regular reporters, and similar alphabetical schedule of the volunteer reporters, for the use of the President in directing the business of the second and third days of the session.

(5.) To prepare for the revision of the rolls the following lists: (a) A list of delinquent county medical societies—that as to say, of societies without representatives, or without reports.

(b) A list of counsellors delinquent in attendance for three successive sessions. (c) A list of such counsellors and correspondents as may have died during the year. (d) A list of such counsellors as may have removed from the state. (e) A



list of the offices that become vacant at the session, and for which elections are to be held, giving the names of the incumbents whose terms expire, and the length of time constituting the term of every office that is to be filled.

(6.) To keep carefully a list all the members who take part in the debates on the medical and sanitary papers, both regular and volunteer, and of all who take part in the omnibus discussion.

(7.) If the Secretary cannot attend any meeting of the Association he must send some one duly accredited to represent him. If he fails to do this the President must appoint a Secretary *pro tempore*, who shall be paid such amount as the Association may determine, to be deducted from the annual salary of the Secretary.

Immediately after the adjournment of the annual sessions his duties are :

(1.) To prepare the minutes of the proceedings for publication in the Transactions, which said publication should commence within thirty days after the adjournment of the session.

(2.) To notify, in the usual way, all who were elected counsellors or correspondents, and ascertain whether the positions are accepted.

(3.) To notify, in the usual way, all counsellors who may have been dropped from the roll for any reason.

(4.) To notify, in the usual way, all members who have been appointed on committees, or who have been appointed to any special work.

(5.) To prepare for publication in the register of the Association, in connection with the roll of the county medical societies, a classified list of the practitioners of medicine in the several counties, giving ; (1.) A full list of all the officers of each society ; (2.) A complete alphabetical list of all the members of each society, with full names, colleges and dates of graduation, counties and years in which their certificates were issued under the law to regulate practice ; and their post office addresses ; and said lists shall be annually revised so as to keep them as nearly as possible in harmony with existing facts ; and a similar list for each county, giving the full names

and the same specifications of all physicians who are not members of the county society.

(6.) Until otherwise ordered the annual salary of the Secretary is placed at the sum of three hundred dollars, (\$300.00).

THE TREASURER AND HIS DUTIES.

The duties of the Treasurer are outlined in section XI of the constitution. His duties are important, but comparatively simple. The following suggestions, however, may be made here, namely:

(1.) He should keep his accounts in regular order, in a properly arranged book, to be known as the Book of Accounts, with a separate page appropriated to every county medical society, to every counsellor, to the president, to the secretary, to the treasurer, to the board of censors, to the committee of publication, and to the committee of arrangements.

(2.) He should communicate promptly, immediately after the adjournment of every annual session, with every county society that is in arrears of dues, and with every counsellor who is in arrears of dues, urging prompt remittances.

(3.) Just before every annual session, he should communicate with every counsellor who, in violation of the rules, has continued delinquent in payment of dues, so as to give him a last chance to put himself right.

(4.) He should attend at the hall where the meetings are held during the hours appropriated for the registration of members, so as to act in that order of business in concert with the Secretary.

(5.) When for any reason he is himself unable to attend any session of the Association, he should appoint some member to take his place, duly accredited by him, and for whose official action he makes himself responsible. If he fails to do this the President must appoint a Treasurer *pro tempore*, who shall be paid such amount as the Association may determine, to be deducted from the annual salary of the Treasurer.

(6.) The Treasurer must give to the Association a good and sufficient bond, to be approved by the board of censors, either in some guarantee company, or secured by personal sureties.

(7.) Until otherwise ordered the annual salary of the Treasurer is fixed at one hundred dollars (\$100.)

THE BOARD OF CENSORS AND THEIR DUTIES.

The duties of the board of censors, as such, are prescribed in section XII of the constitution.

Their duties as the state board of medical examiners are prescribed—(1.) In the law to regulate the practice of medicine in Alabama. (2.) In section 11 of the ordinance in relation to the boards of medical examiners, passed by the Association in 1877.

Their duties as the committee of public health of the state board of health are prescribed in the ordinance in relation to the committee of public health, passed by the Association in 1876, which should be read in connection with the health laws of the State.

As a board of censors, and as a committee of public health, they must obey the orders of the Association. As a board of medical examiners, they are also subject to the orders of the Association, with the exception that the Association can not revise or annul the action of the board in the issuing of diplomas for the practice of medicine.

Their Annual Reports should consist of four separate and distinct parts, as follows:

(1.) The Report of the Board of Censors; in which separate sections should be devoted (a) to the current condition and work of the State Association; (b) to the current condition and work of the county societies; (c) to such miscellaneous matters as they may from time to time be called upon to consider, including the revision of the minutes of the previous session; (d) to the report of the Seeretary, the report of the Treasurer, the roll of the correspondents, and applications for charters.

(2.) The report of the state board of medical examiners; in which separate sections should be devoted (a) to the work of the state board of medical examiners; (b) to the work of the county boards of medical examiners; (c) to such miscellaneous matters in regard to medical examinations as they may from time to time have occasion to consider.

(3.) The Report of the Committee of Public Health ; in which separate sections should be devoted (*a*) to the work of the state board of health ; (*b*) to the work of the county boards of health ; (*c*) to such miscellaneous matters connected with the interests of the public health and the administration of the health laws as they may from time to time have occasion to consider.

(4.) Supplementary Papers ; in which should be included such papers of special importance in connection with the purposes of the Association as the board of censors may from time to time deem it expedient to print for the information of members.

(5.) The duties of the board of censors are so multifarious that it is very important for them to conduct their work in a thoroughly systematic way. If they adhere rigorously, in the preparation of their annual report, to the scheme which is here given in outline, it is not likely that they will overlook or neglect anything of importance.

(6.) It is also the duty of the board of censors to issue from time to time, for the use of the Association, such revised and amended editions of the Book of the Rules as to them may seem to be needed.

(7.) The chairman of the board of censors is known as the senior censor.

THE DELEGATES AND THEIR DUTIES.

Under the constitution every county medical society is expected to send to every session of the Association two delegates, and the functions of these delegates is to represent in the Association the views and interests of the societies sending them.

In the third subsection of section two of the ordinance in relation to the duties and responsibilities of the county societies it is provided, that the failure of any county medical society which holds a charter from this Association, to send delegates to the annual sessions of this Association in accordance with the requirements of the constitution, shall be regarded as a grave dereliction of duty on the part of such county medical society ; and it is also further provided, that if such failures

occur frequently they shall be specially investigated by our board of censors.

These provisions show that the delegates constitute an important element in our scheme of organization and work; but it is from force of circumstances, that element of our scheme which has most lagged behind in our onward march of evolution and development. On the average we have in attendance on our annual sessions delegates from only about two-thirds of our chartered societies, and only a small number of societies are ever represented by more than one delegate. Of course there are good and sufficient reasons for this state of affairs. A good many of our counties are not convenient to the railroads, and from these the transportation of delegates is attended with some difficulties. In some of the counties the societies are small, and their members generally not in affluent circumstances; and then the question of expense is one of serious importance; or it may be that all of the scattered doctors have professional engagements that will hardly permit any of them to leave home. As our counties become more populous, and as the doctors in them become more numerous, all these difficulties will diminish, and a more general attendance of delegates will be one of the natural results of the changed condition—a result that will be brought about slowly, but which is sure to come.

In the meantime two things remain true:

(1) That some of our societies have sometimes failed to have delegates in attendance at our annual sessions simply because they have not acted in the premises with sufficient energy and determination, or in plainest words, because they have not tried hard enough.

(2) That sometimes the delegates actually sent have seemed to have a very imperfect appreciation of their special duties as delegates; sometimes they are not present at the beginning of the session; and sometimes they leave before the session is ended—both of which practices are greatly to be deprecated; and sometimes they seem to know very little about the societies they represent.

We hope that in regard to all these matters improvement will hereafter be the rule under the wise management of our

Presidents; and under the fostering care and the wise supervision of our vice-presidents, whose special official duty it has been made to look after just such things as these.

In the meantime we have thought it would be well to formulate the duties of delegate in a special ordinance which we have prepared, and which we recommend to the favorable consideration of the association, as follows:

Be it ordained by the Medical Association of the State of Alabama; (1) That it is the duty of delegates, as far as practicable, to be in attendance on the sessions of the association from the beginning to the end, and especially on the first day of the sessions, so as to be ready to act for their societies in connection with the vice-presidents of the Association, or with the Secretary and Treasurer.

(2) It is the duty of delegates to bring up from their societies the annual official reports of said societies, and the annual dues of their members for the Transactions—these to be delivered respectively to the Secretary and to the Treasurer of the Association.

(3) It is the duty of delegates to present to the Association, when the roll of the county societies is called during the revision of the book of the rolls on the last day of the sessions, so that their societies may be properly represented in this important order of business.

(4) It is the duty of delegates to represent their societies before the Board of Censors of the Association, and to bear back to their societies information as to whatever action is taken in regard to said societies under the constitution and ordinances of the Association, under the law to regulate practice in the State, and under the health laws of the State.

(5) The five dollar dues of delegates should always be paid by the societies they represent.

THE COUNSELLORS AND THEIR DUTIES.

The constitutional requirements in regard to the duties of counsellors are duly set forth in section V of that instrument. Some other duties incumbent on counsellors and members are prescribed in the following ordinance, which was adopted at

Anniston in 1886, as was also the counsellor's pledge which here follows the ordinance.

Be it ordained by the Medical Association of the State of Alabama, (1) That it is the sense of this Association that all of its counsellors and members are in honor bound to give their faithful and earnest support to all of its declared plans and policies ; (2) That it is inconsistent with this duty for counsellors and members of the Association to antagonize any of these said plans and policies, either in the public press or in the general assembly, or in any other ways than such as are laid down in the constitution and ordinances of the Association ; (3) That counsellors and members should not appeal to the courts of the country against decisions of the Association in which they are personally concerned *except* to protect themselves against manifest and grave injustice, it being manifestly better for them to suffer from small wrongs rather than to have them righted in this way ; (4) That all counsellors and members should be willing to settle all differences growing out of their relations to the Association within the Association itself, and to acquiesce in the constitutionally expressed will of the majority ; (5) That violation of this ordinance shall furnish grounds for impeachment, and for such punishment—censure or expulsion—as to the Association may seem expedient ; (6) That the provisions of this ordinance shall also apply, *mutatis mutandis*, to the county medical societies in affiliation with this Association in questions arising between the societies and their members ; and that members of county societies should not carry their society grievances into the courts except as a means of last resort, and after appeal to the Association.

The Counsellor's Pledge.

Having been elected a counsellor of the Medical Association of the State of Alabama, I hereby formally accept the position with all its honors, duties, and expenses ; and give my deliberate and solemn pledge and promise to observe faithfully in letter and in spirit the constitution, ordinances, and rules, of said Association ; and in every way open to me to do what I

can for the advancement of its power and influence and the accomplishment of the objects for which it was organized.

In testimony whereof I hereunto affix my signature this — day of — 188—

..... M. D.

The following ordinance, which was adopted at Selma in 1884, finds its proper place here.

Be it ordained by the Medical Association of the State of Alabama, That whenever any counsellor of this Association ceases to be a member of his county society, by expulsion or by resignation, or by being dropped from the roll for non-payment of dues, he shall, after such investigation by the board of censors as may be necessary to establish the fact, have his name struck from the roll of the college of counsellors and be expelled from the fellowship of the Association.

The counsellors constitute the regular army of the Association. They are expected to be always on duty; and in all the struggles, labors, and enterprises of the Association they are expected to press to the front, and to claim, as theirs by right and privilege, the positions in which time and money and influence have to be spent. In their respective counties they should always stand ready to serve as members of the boards of medical examiners and the committees of public health, and as assistant health officers in their respective beats. They should leave nothing undone that they are able to do to promote the prosperity and efficiency of the county societies to which they belong.

Counsellor's Badges.

The ordinary everyday badge of a counsellor of the Association, to be worn on all occasions, is a rose enamelled on a circular disk of gold. This rose may be white, or yellow, or red, according to the taste of the individual counsellor who wears it. It should be worn always on the left lappel of the coat. All counsellors should consider it a duty and a privilege to wear this badge.

In addition to the rose badge which is to be worn by all

counsellors on all occasions, the grand senior counsellors are entitled to the large badge modeled after the seal of the Association known as the badge of the grand senior counsellors. This should always be worn by those entitled to it at all meetings of the Association and upon all occasions of state and display.

The badge of distinction to be worn by the grand senior life counsellors has not yet been devised, and will not be needed until 1893. It is here proposed by the senior censor that it shall consist of a pendant, in the shape of an equilateral triangle ornamented with appropriate devices, and to be worn attached to the circular badge now worn by the grand senior counsellors.

THE MEMBERS AND THEIR DUTIES.

In a general way the duties of members are prescribed in section III of the constitution. A few additional suggestions are here formulated :

(1.) The obligation of members to abide by and sustain the plans and policies and decisions of their county societies and of the State Association is emphasized in the *ordinance in relation to certain duties of members* which is printed on a preceding page.

(2.) Members should recognize very thoroughly their obligation to become active workers for the support and advancement of their county societies by attending their meetings, and by contributing towards the defrayment of their necessary expenses; and should feel that in doing so they are exercising a high privilege.

(3.) There is one particular duty which members are too much in the habit of neglecting, and that is the payment of the annual dues—one dollar each—to the State Association, in return for which they receive the Transactions. There is no penalty imposed on account of failure to pay these dues; but that fact does not cancel the obligation. The Association needs the money, which is a comparatively minor obligation; and the members need the Transactions, which is a consideration of importance. If the members do not read the Transactions

they cannot keep themselves properly informed as to the work the Association is endeavoring to accomplish; and consequently cannot contribute as they ought to assist in the accomplishment of that work. Let every member, therefore, make it a rule to pay his annual dollar and to get the Transactions.

THE FORM OF CHARTER FOR THE COUNTY MEDICAL SOCIETIES.

The Medical Society of the county of——, with the officers and members following, to-wit:

And with a constitution which has been approved by our board of censors, is by these presents admitted into the fellowship of the Medical Association of the State of Alabama.

Done in annual session in the city of.....A. D. 188.. on the.....of April.

To be signed by the President and the Seeretary, and sealed with the seal of the Association.

COMMENTARIES AND EXPLANATIONS.

It is very generally known that the plan of organization of the Medical Association of the State of Alabama differs very widely from that of the majority of medical societies in this country; but it is not appreciated, as it ought to be, that the peculiar provisions of our constitution are due entirely to the character of the great work which we have undertaken to accomplish. The means which we have chosen to adopt can not be wisely judged of, unless they are considered in connection with the object which we have in view, and this object is nothing less than the regeneration of the medical profession in the state of Alabama, in its legal, ethical, and educational relationships, and the elevation of it to the high position of dignity, influence, usefulness, and honor which it ought of right to occupy before the law of the state and before the bar of public opinion.

From the beginning of our movement we have appreciated that the success we coveted could be had in no other way than by a large expenditure of time, of labor, and of money; and we have not, therefore, indulged in romantic and visionary hopes, but have proceeded with definite purposes in view, and under the guidance of definite principles of action which, so far, have undergone no change.

A few quotations from past volumes of the Transactions, will serve better than any thing else for the illustration of our plans and purposes:

1. PROFESSIONAL ORGANIZATION.

The importance of a thorough organization of the profession can not easily be over estimated. There are three leading objects which every true physician has always in mind, any one of which is sufficient incentive and reward for all the labor and expense which the most thorough organization would require.

The first of these relates to the influence of proper organization over the profession itself, over the profession as a whole, and over every one of its individual members, in the upholding of a high standard of medical education and of medical ethics, and in the promotion of professional brotherhood and high-toned, chivalric emulation in the elevation of professional character, and the advancement of professional interests.

The second relates to the influence of proper organization over public opinion and state legislation, and involves such questions as the protection by provision of law of the medical profession in its legitimate privileges, and the protection of the general public against all the demoralizing and destructive agencies of medical ignorance and quackery.

The third relates to the influence of proper organization over the advancement of medical science and medical art, by the systematic elucidation of the climatic, endemic and epidemic influences at work in the different sections of the state, together with the development of our indigenous therapeutic resources, and such contributions to practical medicine as our physicians may be able to discover.

The difficulties that stand in the way of thorough organization, have not been overlooked. The state is large and sparsely settled, and the means of inter-communication between the different sections are not always expeditious and convenient. With the multiplication of railroads and the improvement of our river navigation, these difficulties will gradually become of less magnitude; but, in the nature of things, they must always continue to be of very embarrassing dimensions. It is not to be expected, however, that any great enterprise can be conducted without labor and expense, and personal self-sacrifice; and it is not to be doubted that there is a sufficient amount of intelligence in the medical profession to appreciate the immense importance of the work in contemplation, and a sufficient amount of unselfish devotion and professional pride to secure its consummation. *See Transactions of 1871, p. 18.*

2. THE MISSION OF THE ASSOCIATION.

We have no hesitation in saying that the medical profession is fully able to bring about a reformation of all the evils from which it suffers; but this consummation, most devoutly to be wished, cannot be accomplished by wishing—cannot be accomplished either by means of grandiloquent speeches and paper resolutions—can, indeed, be accomplished only in one way, namely: By wise and resolute work, and by thorough

organization and concert of action among the members of the profession; for always true are the mystic utterances of Emerson—

Rewards cleave to deserts,
And power to him who power exerts.
All that Nature made thine own,
Floating in air, or pent in stone,
Will rive the rocks and swim the sea,
And like thy shadow follow thee.

To construct out of the scattered members of our profession a powerful organization, and through this organization to secure concert of action and the prevalence of wise and prudent counsels, this is the mission of our Association.

It is fitting that this mission of the Association should be always borne in mind by its members, so that we may always appreciate our obligations and responsibilities; so that we may see clearly what our duty is and pursue it with unwavering resolution; so that each one of us may always remember that it is not for his own advancement that he is to labor, but for the advancement in honor, dignity and influence of the medical profession. It is also well that we should understand further, that the primary and principal object of the Association is not the cultivation of the science and art of medicine. Truly, this is a matter not to be neglected, and we hope to accomplish something in this direction also. But it is not this that we have chiefly at heart. Studies of this sort might, perhaps, be pursued quite as profitably and much less expensively at home. We will appreciate most adequately the real character of the Association if we regard it as a medical legislature, having for its highest function the governmental direction of the medical profession of the state, while its other functions, important as they are in themselves, are, in comparison with this, of quite subordinate rank. *See Transactions of 1875, pp. 27-28.*

3. MEDICAL LEGISLATION.

On the important subject of medical legislation we have some suggestions to make for the consideration of the Association. As the board of health of the state, it will be the duty of this Association to recommend to the general assembly, from time to time, the enactment of such laws as may seem to be required for the advancement of the sanitary interests of the state; and as the organic representative of the medical profession, we conceive that it is also the province of this Association to recommend to the general assembly the enactment of such laws as may be required for the regulation of the practice of medicine in the state. It seems to us, indeed, that no laws affecting the interests of the medical profession in any way, should be allowed to go before the general assembly without first having received the indorsement of the Association.

Bills of the character here referred to are not infrequently pressed upon the consideration of the general assembly, and this, too, upon the suggestion of medical men. But a few medical men without organiza-

tion or concert of action with the profession at large, ought not to presume to influence legislation which is to affect the whole profession. It happens, too, unfortunately, that the legislation thus sought is not always free from serious objection. Take, in illustration, a single example: There was a proposition before the general assembly during its last session to relieve physicians from the payment of the state license tax. Now, we are of the opinion that it is very bad policy to be annoying the law-makers of the state with applications for such small favors as this. We are not willing that medical men shall condescend to be beggars. The spirit of the mendicant is little in harmony with the dignity and with the glorious traditions of our profession; and this clamoring for small favors can not fail to degrade us in the estimation of thinking men. But not only do we believe it to be bad policy to beg the state for small favors; we go still further, and take still higher ground. We ought to make it an inflexible rule *never to seek to influence the enactment of laws that are for our own exclusive benefit.* Let us ask nothing of the general assembly which is not quite as much for the advantage of the general public as of the profession of medicine. *See Transactions of 1875, p. 36.*

4. PROFESSIONAL QUALIFICATIONS.

We have too many doctors, and the standard of qualifications for graduation in our multitudinous medical colleges, is deplorably, we might almost say shamefully, low. We all know that the profession is crowded with incompetent men, and that other incompetent men are annually gaining admission into its ranks. We all agree that this ought not to be so; that it is an evil which is constantly increasing; and that something ought to be done to put a stop to it. But up to this time the question, How shall it be stopped? has received no practical solution. Are we, therefore, to lose heart and hope, and to fold our hands, in the apathy which is born of despair? Nay, verily—a thousand and a thousand times, No! The evil has grown out of the fact that the medical profession, instead of guarding the doors of admission to their ranks with jealous scrutiny for themselves, have left the examination of students, and the conferring of the degree of doctor of medicine, entirely in the hands of the faculties of the medical colleges. But this evil, colossal as it has grown to be, will be utterly destroyed whenever the profession, in good faith, make the simple resolution, and act up to it. *That they will no longer recognize the diplomas of the medical colleges, but will determine for themselves to whom, and upon what terms, they will accord professional recognition and fellowship. See Transactions of 1875, p. 21.*

5. THE EXAMINATION OF MEDICAL STUDENTS.

In relation to the overcrowding of the medical profession by incompetent men, we believe that the evil can be materially diminished by the application of very simple measures, provided, that the application of these measures is faithfully made. We would have it assaulted where it is most vulnerable, namely, in its cradle—in its very origin

and inception. If nobody was allowed to commence the study of medicine except such persons as have good natural ability and a decent preliminary education, it is easy to see that the number of doctors annually graduated in this country would be very greatly diminished, and would be diminished by the exclusion of that class of doctors which it is most desirable to get rid of, namely, the class of ignoramuses and incompetents. We, therefore, recommend, very earnestly, that the county medical societies be advised to put at once into practical operation that article of the constitution which makes it the duty of the boards of censors of said county medical societies to examine all persons proposing to commence the study of medicine, and that no practitioner of medicine shall receive into his office as a student any one who does not hold a certificate of having passed this preliminary examination favorably. *See Transactions of 1878, p. 88.*

6. THE WORK OF THE ASSOCIATION.

The record of the Medical Association of the State of Alabama is a continuous record of earnest and unselfish work. The aggregate cost of this work since our reorganization after the war, in actual cash paid out of the pockets of the members of the Association, has not been less than forty thousand (\$40,000) dollars. We have recognized from the beginning that in the economy of this world, individuals and societies can have whatever they want if they are able and willing to pay for it, and that nothing worth having is to be got on any other terms. There is no exaggeration in saying that we have achieved a very gratifying measure of success. We have saved the medical profession in Alabama from much demoralization. We have overthrown throughout the state, with the exception of a small section of country about Birmingham, where the fight is now going on, the pernicious system of contract practice. We have upheld and vindicated the beneficent authority of the ancient ethics of the profession. We have encouraged the study of the diseases incident to our geographical position and climate. We have obtained from the state the right and the power to regulate the standard of qualifications prerequisite to the practice of medicine in the state. We have been invested with the administration of the health laws of the state, and the selection of all health officials—state, county, and municipal.

So much for the past. For the present and the future the line of policy which the Association ought to pursue, and which under the guidance of wise and prudent counsels it is to be hoped it will pursue with a resolution that shall never falter, stretches out before us so plainly marked that it will be our own fault if we fail to find it and to walk in it. And what that wise policy dictates is this: Not to weary of well doing; to continue in the same spirit and according to the same methods that have heretofore controlled our action, the work that has been so favorably begun; to seek always the public good and not our own; and always to recognize the great principle that union and organization involve strength and permanence and lead on from conquest to con-

quest, while the assertion of individual rights and privileges, and the gratification of personal jealousies and ambitions are always the agents and instruments of disintegration and defeat. *See Transactions for 1882, p. 139.*

7. THE ELECTION OF COUNSELLORS.

From time to time we have called attention to the immense importance in our organization of the college of counsellors. These counsellors constitute our regular army. We expect them to be always ready to spend their time, their money, and their influence in our service. They should, therefore, be able men, picked men—men who can in the largest measure command time and money and influence; because men cannot spend that which they have not got. Indeed, we might apply to our counsellors what Tennyson said of the famous six hundred—

"Theirs not to make reply,
Theirs not to reason why,
Theirs but to do or die."

The ambition to be counsellor is an honorable ambition, and we have no fault to find with it, but it is our solemn duty to select for counsellors the very best material we can get—the men that can do us the most good—and not to allow our votes to be controlled by personal and private considerations.

This is the main thing, to elect good men to the college of counsellors. But there is still another consideration that must not be forgotten, and that is the importance of having the counsellors properly distributed through the different sections of the State. The natural tendency is to concentrate the counsellors in the cities; and this tendency is easy of explanation. The doctors are much more numerous in the cities, and amongst the doctors of the cities are to be found a larger proportion of able men. Then it is easier for city doctors to leave their practice than it is for country doctors to leave theirs; and it is more convenient for city doctors to attend the meetings of the Association. For these, and for other reasons, it is inevitable, and it is right that city doctors should predominate in the college of counsellors, and this to an extent out of proportion even to their numbers. But it is a tendency, not indeed to be repressed, but one to be watched and restrained—in a word, to be kept within bounds, so that it may not swallow up every thing else. In the meantime, while the principle of geographical distribution, according to population, is not to be ignored, it will not do to act on it too rigorously; and any attempt to distribute the counsellors amongst the doctors of the several counties of the state in strict proportion to their numbers would, we are convinced, be unwise and inexpedient. But it seems to us that it would be wise to give formal recognition and sanction to this principle of geographical distribution of counsellors in some way; and the way that occurs to us as most expedient, all things considered, is to take the congressional districts of the state as the basis of the distribution, and to give to each congressional district a number of counsellors in proportion to the number of members of the Association resident in each of said districts.

We do not mean that this distribution of counsellors by congressional districts shall be made with rigorous numerical accuracy; but that the principle shall be accepted in good faith and carried out in practice as thoroughly as circumstances will reasonably permit.

Our present method of managing the election of counsellors is perhaps as good as any that can be devised—the method of having a recess, and an informal convention to receive suggestions and make up an informal ticket, which is not binding on anybody, except that all who take part in getting it up ought to feel some moral obligation to support it, and they usually do. With the aggregate results of this method we think the Association has reason to be satisfied. We have sometimes made mistakes and elected men not fully up to the standard; and sometimes little outside combinations have been made and men have been elected who had no special claims to the position, and no special fitness for it. These things are to be regretted, but they can not be altogether avoided.

In order to secure as far as *possible all* the ends that we have passed in review, it has been proposed to refer the nomination of counsellors to the board of censors. Doubtless the board of censors would almost always make good nominations; but for two reasons it does not meet our approval. (1.) It is open to most of the objections that may be urged against nominating committees in general; and, (2), it will have a tendency to break down the influence and usefulness of the board of censors itself. As long as the board of censors is confined to the consideration of measures and policies, it is to be hoped that it will remain above the suspicion even of improper motives; but it would certainly forfeit this immunity from suspicion if it had to make nominations for office.

In conclusion, and as a means of carrying out the plan suggested, we would respectfully recommend that in addition to the roll of counsellors as at present published, the Secretary be required to publish an annual summary of the counsellors by congressional districts; and to specify for each district the number of paying members resident in it. This to serve as a general guide to the Association in the election of counsellors. *See Transactions of 1888, p. 140.*

8. THE ELECTION OF OFFICERS.

In the election of officers we should be governed by the same motives as those we have advocated in regard to the election of counsellors; one leading object should be to fill all the offices with the ablest and most competent men we can get to take them. In our Association the officers, if they come up to the full measure of efficiency, which we have the right to expect from them, have important and laborious work to perform—duties very much more important and laborious than those devolving on officers of similar name and position in other associations—and duties, too, that require some considerable expenditure of money as well as of time.

Our organization, as its evolution proceeds under the incidental influences of times and occasions, approximates more and more to the

military type. Our President is the commander in chief; and the vice-presidents are, as it were, his lieutenant generals, while the presidents of the county societies are the colonels commanding the regiments. A suggestion occurs to us here which we feel assured can be made to bear good fruit in promoting the discipline of the organization and the thoroughness and efficiency of our work. It is this: That the President of the Association should regard the presidents of the county societies as his official agents in their several counties; should keep himself in constant communication with them; should, through them, keep himself informed as to the status of the societies, and should—the most important consideration of all—hold these county presidents up to the fullest possible measure of official efficiency. In the meantime the vice-presidents of the association might, each in his own district, organize an official staff of the vice-presidents of the county societies, and hold these county vice-presidents up to a reasonable standard of official usefulness; while the official staff of the Secretary of the Association would be composed of the secretaries of the county societies.

There can be no doubt that official efficiency is, other things being equal, greatly promoted by official experience; and this principle suggests to us that it is easy to push too far the practice of rotation in office. An army of trained soldiers is the highest example of efficiency of organization known amongst men; and in an army rotation in office is never thought of. It is not necessary for us to go to the military extreme of keeping the same persons permanently in office; but all the same, if we will think of it dispassionately, we can not fail to see that it is often a dictate of wise policy to elect more than once to the same position officers who have distinguished themselves by the performance of good work. Indeed, the Association has, with regard to all the offices except three—the President and the two vice-presidents—already adopted the policy which we are discussing; and we bring the question up now in order to suggest that in our opinion it would be well to apply to some extent the same policy in the election of presidents and vice-presidents.

We desire it to be understood that we do not make this suggestion now with any special reference to the election of officers at the present session of the Association. We simply desire to call attention to the matter in a general way, with the purpose of promoting the general welfare of the Association.

We have said that to be an officer of our Association not only involves some expenditure of time and labor, but also some expenditure of money; and this naturally brings up the question as to whether the Association ought, or ought not, to refund to the President and the two vice-presidents the amounts expended by them in their official correspondence—the money expenditure in question being almost exclusively for stationery and postage. We have considered this question with some care, and we have reached the conclusion that these officers had

better be left to defray their own official expenses. The sums involved are not large—probably not more than twenty dollars a year for the President, and not more than ten dollars a year for each of the vice-presidents—sums too small to be felt as burthensome by anybody likely to be elected to these offices. But our principle reason for the conclusion reached is that little compensations tend to belittle the offices to which they are attached. To be President or vice-president of the Medical Association of the State of Alabama is already a distinguished honor, and will become more and more honorable as the years go by, and the Association increases in power and prestige. We have it on the highest authority that it is more blessed to give than to receive, and the Association can safely trust to the generous instincts of her sons. *See Transactions of 1888, p. 142.*

CHAPTER II.

THE COUNTY MEDICAL SOCIETIES.

SUMMARY OF CONTENTS:

The Plan of Constitution for the County Medical Societies—An Ordinance in Relation to the Duties and Responsibilities of the County Medical Societies—An Ordinance in Relation to the Public Health and the Collection of Vital Statistics—Delegates and Their Expenses—The Dollar Dues of Members—Form of Application for Charter—Commentaries and Explanations—Remarks on the Foregoing Plan of Constitution for County Societies—Further Remarks on the Constitution of the County Societies—The Work of the County Societies—Further Remarks on the Work of the County Societies.

The fundamental law for the county medical societies is to be found in section xiv of the constitution of the State Association. Additional rules and suggestions for the government of the county medical societies have been promulgated by the Association; (1) In the shape of a plan of constitution for the county societies; (2) In the shape of an ordinance in relation to the duties and responsibilities of the county societies; and (3) In the shape of an ordinance in relation to the public health and the collection of vital statistics; all of which here follow in their proper order; together with such commentaries and explanations as may seem necessary in their elucidation.

THE PLAN OF CONSTITUTION FOR THE COUNTY MEDICAL SOCIETIES.

SECTION I.—*Name and Seal.*

ARTICLE 1. The name and style of this society shall be “THE MEDICAL SOCIETY OF [BLANK] COUNTY.”

ART. 2. The seal of this society shall be—[Here insert the device of the seal, with the motto.]

SECTION II.—*Objects.*

ART. 3. The objects of this society shall be to organize the medical profession of the county in the most efficient manner possible. To promote professional brotherhood, and encourage a high standard of professional ethics. To secure careful and reliable accounts of the endemic and the epidemic diseases, and of the medical topography and climatology of the county. And to co-operate with the State Medical Association in its great work of regulating the qualifications of practitioners of medicine in the state, and in the supervision of the sanitary laws and interests of the state.

SECTION III.—*Code of Ethics.*

ART. 4. This society adopts for the ethical guidance of its members the Code of Ethics of the American Medical Association, together with such additional ethical rules as may be from time to time promulgated by said American Medical Association, and by the Medical Association of the State of Alabama.

SECTION IV.—*Members.*

ART. 5. All practicing physicians in good standing, who are graduates of reputable medical colleges, and no other persons, shall be eligible for membership in this society. But this article is to be construed in accordance with the second subsection of section four of the ordinance in relation to the boards of medical examiners, which is in these words: (2.) That all such persons as practice the regular system of medicine under the authority of certificates issued by the county boards of medical examiners, shall be eligible for membership in the county medical societies, at the discretion of the several societies themselves, the county boards of medical examiners being hereby constituted for this purpose "reputable medical colleges," in the sense in which that phrase is employed in section xiv of the constitution of the Medical Association of the State.

ART. 6. Every application for membership shall be made in writing by the person desiring admission, and shall be endorsed by two members of the society certifying to the reputable character, personal and professional, of the applicant.

ART. 7. The vote upon the admission of the applicant shall

be taken by ballot. If there are three adverse votes, the applicant shall be rejected. Otherwise, he shall be declared elected to membership, and duly notified thereof by the Secretary.

ART. 8. Every member shall pay into the Treasury an annual contribution of [five] dollars, which shall be due and payable on the first of January of each year; and if it be not paid by the first meeting in [April] of each year, the defaulter shall forfeit his membership, and his name shall be stricken from the roll of members; and of this he shall be duly notified by the Secretary.

ART. 9. Every member in good standing shall have, at any time, the privilege of resigning his membership; but if any member offering to resign stands charged with unprofessional conduct, or with unpaid dues, his resignation shall not be accepted.

ART. 10. Any member who in any way forfeits membership in this society, shall be reinstated only by formal application and ballot, as provided for by articles 6 and 7 of this constitution.

ART. 11. It shall be the duty of every member to attend the regular meetings of the society; to discharge such duties as the society may impose upon him, to the best of his ability; and to uphold in the community, as far as he is able, the honor and reputation of the society, and of the medical profession in general.

SECTION V.—*Meetings.*

ART. 12. The society shall hold its regular meetings four times a year, namely, on the first Tuesdays in the months of January, April, July, and October, respectively, but if it should be found impracticable or inexpedient to hold any of these meetings upon the days here designated for them, then such regular meetings so adjourned shall be held on some subsequent days, and as nearly after the regular times as can conveniently be done.

ART. 13. The regular meeting in January of each year shall be the annual meeting for the election and installation of officers, and for the reception, examination, and discussion of

the annual reports of the Secretary, the Treasurer, and the board of censors.

ART. 14. The regular meeting in April of every year shall be the regular meeting for the revision of the roll of members. At this meeting, the Treasurer shall report the names of all members whose dues for the year have not been paid, and all such shall be immediately stricken from the roll ; and, furthermore, the Treasurer shall be personally responsible to the society for the duties of all members not so reported.

ART. 15. The President shall call special meetings of the society, on the written request of three members ; and, also, whenever, in his judgment, it may become expedient to do so.

SECTION VI.—*Officers.*

ART. 16. The officers of this society shall be a President, a vice-president, a Secretary, a Treasurer, and five censors ; of whom the President shall be elected for one year, the vice-president for one year, the Secretary for three years, the Treasurer for three years, and the censors for five years. But every officer shall continue in office until his successor is duly elected and installed.

ART. 17. The election of censors shall be so arranged that one vacancy will occur annually, by expiration of term to office ; and, to fill this vacancy, one censor shall be elected at every annual meeting of the society for the election of officers.

ART. 18. When vacancies occur amongst the officers of the society, from any other cause than expiration of term, such as death, resignation, or impeachment, then elections to fill the unexpired terms so occasioned, may be held at any of the regular meetings of the society.

ART. 19. The election of officers shall be done in open meeting, by ballot, and without nomination ; and a majority of all the votes cast shall be necessary to election.

SECTION VII.—*The President.*

ART. 20. The President shall be the chief executive officer of the society. He shall preside at the meetings, preserve order, give the casting vote when necessary, and perform such other duties as parliamentary usage imposes on presiding officers.

ART. 21. He shall, at the close of his administration, at the regular meeting for the election of officers, submit to the society an annual message, devoted to an account of his stewardship, and to the discussion of the interests, objects and business of the society.

ART. 22. He shall, every year, upon his induction into office, appoint regular reporters on the diseases, surgery, topography, and climatology of the county; and upon such other matters of professional interest as may, in his judgment, require investigation.

ART. 23. He shall appoint, as occasion requires, the requisite number of delegates to represent the society in the State Medical Association, in the American Medical Association, and in such other scientific bodies as it may be expedient to have this society represented in.

SECTION VIII.—*The Vice-President.*

ART. 24. The vice-president shall, in case of the absence or death of the President, assume and discharge all the duties of the presidential office, and he shall be the active lieutenant and assistant of the President in maintaining the organization and discipline of the society.

SECTION IX.—*The Secretary.*

ART. 25. The Secretary shall have charge of all of the books, papers and records of the society, except those belonging to the office of the Treasurer and to the board of censors.

ART. 26. He shall record the minutes of the proceedings of the society at all of its meetings.

ART. 27. He shall conduct the correspondence of the society under the direction of the President.

ART. 28. He shall have the custody of the seal of the society, and shall affix it to the official documents of the society, under the direction of the President.

ART. 29. He shall submit to the society, at every annual meeting for the election of officers, an annual report of the transactions and business of the society for the preceding year.

ART. 30. During his term of office, he shall be exempt from the payment of annual dues.

SECTION X.—*The Treasurer.*

ART. 31. The Treasurer shall have charge of the moneys, bonds, and securities of the society.

ART. 32. He shall collect from the members all assessments and dues.

ART. 33. He shall, about the beginning of March of every year, serve upon every member whose annual dues are unpaid, a written notice, calling his attention to the requirements of article VIII of this constitution, and to the penalty therein prescribed for delinquents.

ART. 34. He shall report to the society, at the annual meeting for the revision of the roll, a written statement of the names of all members who are in arrears for the dues of the year, so that they may be stricken from the roll, and he shall himself be held personally responsible for the dues of all delinquents whom he fails so to report.

ART. 35. He shall make an annual report to the society, at the annual meeting for the election of officers, of its financial condition, stating in full all the moneys, bonds, and securities on hand; the several amounts paid out during the year, to whom and on what account; and the several amounts due to the society, by whom and on what account.

ART. 36. He shall transfer none of the moneys, bonds or securities of the society except on a written order, signed by the President and the Secretary.

SECTION XI.—*The Board of Censors.*

ART. 37. The board of censors shall hold such meetings, regular and special, as the business which falls under their supervision may seem to require.

ART. 38. The censors shall, from time to time, at their own discretion, elect one of their number to serve as chairman of the board, and another to serve as secretary of the board; and a majority of the whole number of censors shall constitute a quorum.

ART. 39. The board of censors shall act as a general committee of reference in all questions relating to the organization and general welfare of the society. In this capacity they shall act as a court of impeachment, and try all charges made

against officers and members of the society. In this capacity also, they shall examine annually the books and accounts of the secretary and of the treasurer, and report to the society the state in which they find them.

ART. 40. The board of censors shall act as the committee of public health in and for the county of blank, and in that capacity shall exercise in behalf of this society, and under its instructions and authority, the executive functions which devolve upon it under the health laws of the state of Alabama.

ART. 41. The board of censors shall act as the authorized board of medical examiners in and for the county of blank, and in that capacity shall exercise the functions and discharge the duties imposed upon them by the law to regulate the practice of medicine in the state of Alabama, and by the ordinances and instructions in relation thereto of the State Medical Association.

ART. 42. In the exercise of the several functions mentioned in the preceding articles of this section, the board of censors are simply the agents and instruments of the society; and all of their official proceedings, of whatever character, must be submitted to the society, in special or general reports, for such action as the society may see fit to take in the premises. The special reports are to be presented from time to time as occasion may seem to require; and an annual report containing a review of all the work of the board for the preceding year, shall be presented to the society at the annual meeting for the election of officers.

ART. 43. The acts of the board of censors in the capacity of a general committee of reference are of no final validity and authority until they receive the formal endorsement of the society. The acts of the board of censors in the capacity of a committee of public health depend also for their final validity and authority upon the endorsement, express or implied, of the society, which is the real and responsible board of health under the law. The acts of the board of censors in the capacity of an authorized board of medical examiners, is subject to revision only by the board of censors of the state Association; nevertheless, the society is not without remedy in case the board of censors should prove in any way shamefully dere-

liet in the performance of their duties, it being the prerogative of the society to remove at any time any of the officers whom it has created.

SECTION XII.—*Offenses and Punishments.*

ART. 44. Every officer who shall be guilty of any malfeasance in office, on conviction thereof, may be reprimanded, suspended, or removed, at the pleasure of the society.

ART. 45. In like manner, any member who shall be guilty of unprofessional conduct by flagrant violation of the code of ethics, or of any gross immorality, or conduct unbecoming a gentleman, upon conviction thereof, may be reprimanded, suspended or expelled, at the pleasure of the society.

ART. 46. But no penalty shall be inflicted upon any officer or member of the society until after fair notice and fair trial, to secure which the following rules shall be observed, namely :

ART. 47. All charges of malfeasance in office, or of unprofessional conduct, against any officer or member of the society shall be made to the president in writing, and shall be sustained by the signatures of not less than two members of the society.

ART. 48. Every charge thus formally made shall at some regular meeting of the society, be read, spread upon the minutes, and referred to the board of censors for examination.

ART. 49. The board of censors shall investigate the charges referred to them as speedily as may be consistent with the attainment of correct knowledge in the premises, and shall make thereupon such report and recommendation to the society as to them may seem expedient and just.

ART. 50. The case being brought back to the consideration of the society, by the report of the board of censors, shall be subject to such discussion as the society may determine.

ART. 51. Every officer or member against whom charges are alleged, shall have the right to be heard in his own defense, either in person or by counsel, both before the board of censors and before the society itself; he shall also be furnished with a copy of the charges against him, and allowed reasonable time to obtain any necessary testimony.

ART. 52. Every case shall be decided by vote of the so-

ciety, the vote to be taken by calling the ayes and nays. A vote of censure may be passed by a majority of the members present; but a vote of removal from office, or of expulsion from the society, shall require the concurrence of two-thirds of the members present.

ART. 53. If any officer or member who has been upon trial by this society, should believe, that in the decision rendered, he has failed to receive full and ample justice, he shall have the privilege of appeal to the State Medical Association.

SECTION XIII.—*Amendments.*

ART. 54. All propositions for the amendment of any of the provisions of this constitution must be made in writing, at some regular meeting of the society; must then lie over at least until the next regular meeting; and when voted upon shall require for its enactment a majority of two-thirds of the quorum of members voting, the vote being taken by the ayes and nays.

SECTION XIV.—*The Order of Business.*

ART. 55. At the regular meeting for the election and installation of officers:

1. Calling the society to order.
2. Calling the roll.
3. Reading the minutes of the previous meeting.
4. Applications for membership.
5. Annual report of the secretary.
6. Annual report of the treasurer.
7. Annual report of the board of censors.
8. Annual message of retiring president.
9. Election of officers.
10. Installation of officers.
11. Miscellaneous business.
12. Adjournment.

ART. 56. At the regular meeting for the revision of the roll:

1. Calling the society to order.
2. Calling the roll.
3. Reading the minutes of the previous meeting.
4. Applications for membership.

5. Treasurer's report of members in arrears.
6. Revision of the roll by the secretary.
7. Reading of essays and reports.
8. Relation and discussion of cases.
9. Miscellaneous business.
10. Adjournment.

ART. 57. At the other regular meetings:

1. Calling the society to order.
2. Calling the roll.
3. Reading the minutes of the previous meeting.
4. Applications for membership.
5. Reading of essays and reports.
6. Relation and discussion of cases.
7. Miscellaneous business.
8. Adjournment.

ART. 58. The members present at any meeting shall constitute a quorum for the consideration of any business that comes properly within the purview of the meeting in question, under the provisions of this constitution.

ART. 59. Any of the orders of business specified in this section may be suspended at any time by the vote of the majority of the members present at the meeting. But this article shall not be construed so as to justify the introduction into any meeting of business which does not properly belong to it, and for which special provision is made in this constitution.

ART. 60. The provisions of this constitution may be supplemented from time to time by special ordinances; and these ordinances shall have the full force and effect of constitutional rules. But any ordinance may be passed by the vote of a majority of the members present at any regular meeting of the society; and may, in like manner, be at any time suspended or repealed by the vote of a majority of the members present at any regular meeting of the society.

ADDENDUM.

ART. 61. No one can be admitted or retained as a member of any county society except the society of the county in which he resides.

THE CODE OF ORDINANCES FOR THE GOVERNMENT OF THE COUNTY SOCIETIES.

AN ORDINANCE IN RELATION TO THE DUTIES AND RESPONSIBILITIES OF THE COUNTY SOCIETIES

SECTION 1.—*Reports.*

Be it ordained by the Medical Association of the State of Alabama, That every county medical society which holds a charter from this Association, be and is hereby required to make to this Association, at its annual sessions, annual reports in relation to its current status and work, and each and every of the said annual reports shall contain the several items of information specified in the articles of this ordinance, numbered respectively 2, 3, 4, 5, 6, 7, 8, and which here follow:

(2.) The names of the officers and members of the societies, together with the names of the colleges in which they were graduated, and with their post-office addresses; and when any members have been admitted on the certificates of the county board of medical examiners, the fact shall be so stated.

(3.) The names, colleges, and post-office addresses of all the physicians practicing medicine in the county, who are not members of the county society.

(4.) The names, colleges, and post-office addresses of all doctors of medicine who, during the preceding calendar year, have passed successful examinations before the county board of medical examiners.

(5.) The names, colleges, and post-office addresses of all the doctors of medicine who, during the preceding calendar year, have passed unsuccessful examinations before the county board of medical examiners.

(6.) The names and post-office addresses of all the medical practitioners of the county who, during the preceding calendar year, have died, or have discontinued the practice of medicine, or have removed from the county.

(7.) The names and post-office addresses of all persons who have passed successfully before the county board of medical examiners, during the preceding calendar year, the examination preliminary to the commencement of the study of medicine.

(8.) The names and post-office addresses of all persons who have passed unsuccessfully before the county board of medical examiners, during the preceding calendar year, the examination preliminary to the commencement of the practice of medicine.

(9.) The phrase "calendar year," wherever it is used in this ordinance, is to be construed to mean from the first day of January to the last day of December, including the two days mentioned.

SECTION II.—*Penalties.*

Be it further ordained, (1) That every county medical society which holds a charter from this Association will be expected and required to fulfill its constitutional obligations to this Association; and that every county medical society which fails so to do shall forfeit its charter; shall be no longer recognized as a constituent member of this Association; and shall be no longer entitled to participation in the powers, privileges, prerogatives, and immunities of this Association.

(2.) That every county medical society which holds a charter from this Association will be expected and required to perform faithfully and efficiently the duties devolving upon it under the laws of the State of Alabama, and especially under the law to regulate the practice of medicine in the State of Alabama; and under the law establishing boards of health in the State of Alabama; and that every county medical society which fails so to do shall forfeit its charter; shall be no longer recognized as a constituent member of this Association; and shall be no longer entitled to participation in the powers, privileges, prerogatives, and immunities of this Association.

(3.) That the failure of any county medical society which holds a charter from this Association, to send delegates to the annual sessions of this Association, in accordance with the requirements of the constitution, or the failure of any such county medical society to make to this Association the annual reports required by the first section of this ordinance, shall be regarded as a grave dereliction of duty on the part of such county medical society; and if such failures occur frequently, they shall be specially investigated by the board of censors of this Association.

(4.) That whenever, for any of the causes specified in this ordinance, or whenever, for any other sufficient reason, of whatever character, the board of censors of this Association shall become convinced that any county medical society which holds a charter from this Association has been guilty of flagrant violation, or of flagrant neglect of its duties under the constitution of this Association, or under the laws of the State of Alabama, the said board of censors shall report the facts to this Association, together with such recommendations as to them may seem expedient and just; and the Association shall take such action in the premises as the circumstances may seem to warrant.

(5.) That in the trial of cases against the county medical societies, any society that is charged with any dereliction of duty, shall have the right to be heard in its own defense, through such agent or attorney as it may select for that purpose; and shall also be allowed reasonable time for the production of any necessary evidence; and in the decision of such cases, the vote shall be taken by calling the ayes and noes. A vote of censure may be passed by a majority of the members voting; but forfeiture of charter shall require the concurrence of two-thirds of the members voting.

(6.) That whenever any county medical society has forfeited its charter, it ceases to be entitled to representation in this Association, and has no longer any authority to engage in the administration of the law to regulate the practice of medicine in the State of Alabama, or of the law establishing boards of health in the State of Alabama; and it becomes the duty of the board of censors to give information to this effect to the probate judge of the county in question.

Done in annual session in the city of Selma, on the 11th day of April, *Anno Domini*, one thousand eight hundred and seventy-nine.

**AN ORDINANCE IN RELATION TO THE PUBLIC HEALTH AND THE
COLLECTION OF VITAL STATISTICS.**

It is necessary that every county medical society should adopt the following ordinance, in order to be in readiness to discharge its duties under the health laws of the state:

Be it ordained by the Blank County Medical Society, (1) That the board of censors, acting as a committee of public health, shall, from time to time, whenever any vacancy may exist in such office, elect a health officer for the county and fix his term of office ; and that said health officer shall be under the immediate direction and control of said committee of public health.

(2.) That all doctors, midwives, heads of families and other persons whose lawful duty it is to report births and deaths to the county health officer shall make said reports promptly upon the occurrence of said births and deaths ; and at the longest, all births and deaths occurring in any calender month, must be reported to said county health officer, by the tenth day of the calender month next following ; *Provided*, that any report made to any assistant health officer shall be considered as made to the health officer of the county.

(3.) That all physicians, heads of families, and other persons whose lawful duty it is to report cases of pestilential or infectious diseases to the county health officer shall make said reports promptly on the occurrence and recognition of said pestilential or infectious cases of disease, and at the longest, all such cases of pestilential or infectious diseases must be reported to said county health officer within twenty-four hours after their occurrence and recognition, due consideration being had for distances and other providential hindrances ; *Provided*, that any report made to any assistant health officer shall be considered as made to the county health officer.

(4.) That the report of a birth shall include the following details, namely : Date of birth ; sex of child ; part presenting —head—breach—cross ; place of birth ; mother's name in full ; mother's place of birth ; mother's color—white—black—mulatto ; name of informant ; and such other details of information as may be from time to time required by the state board of health.

(5.) That the report of a death shall include the following details, namely : Date of death ; name in full ; place of birth ; age in years, months and days ; sex ; color ; occupation ; married, single, or widowed ; name of father and name of mother ; place of death ; cause of death ; place of burial ; name of

informant ; and such other details of information as may be from time to time required by the state board of health.

(6.) That a report of a case of pestilential or infectious disease shall include the following details, namely : The name of the disease, with date of occurrence and origin when this is known ; the name, age, color, sex, and social condition of the patient ; the place in which the patient is to be found ; the names of such other persons as may be exposed to danger of infection. Name of informant.

(7.) That the committee of public health shall make to this society from time to time, in annual and special reports, full and prompt statements of all their proceedings under this ordinance and under the constitution of this society, to the end that said proceedings may be duly considered and discussed and submitted to the approval or disapproval of the society ; and this especially in regard to such proceedings as may give rise to legal questions—such as the election of health officers, and the recommendation of quarantine.

DELEGATES AND THEIR EXPENSES.

Many of the county medical societies have been heretofore culpably negligent in the discharge of one of their most important duties, namely, in the sending of delegates to the annual sessions of the State Association. The societies can not be properly represented in the annual sessions, except by specially commissioned delegates.

Incidentally, the delegates are making acquaintance with the methods and purposes of the Association, and are thus qualifying themselves for admission into the college of counsellors and for the reception of official honors.

In order to secure regular representation, some of the county societies have adopted the plan of paying the necessary expenses of their delegates ; and in the instances in which this plan has been tried, it has worked well.

It is, however, probably the best plan to divide the expense between the delegates and the society—the society paying the railroad fare and the delegate's fee of five dollars to the Association, and the delegate paying his hotel bills and incidental expenses.

DOLLAR DUES OF MEMBERS.

It is the duty of every member of a county medical society to pay an annual fee of one dollar to the State Association. The officers of the county societies should see that this fee is promptly collected and paid. All things considered, it is probably the best plan to include this dollar in the sum of the annual dues which the member pays to his county society. In this way it will always be ready to the hand of the delegate when he starts to the State Association. It will be well to read in connection with this the section on the duties of members in the preceding chapter of this book.

THE DUTIES OF THE PRESIDENT.

The President should hold himself responsible for the efficiency of all of his official subordinates, including the board of censors in their work as a board of medical examiners and as a committee of public health; in a word, he should exercise a constant and active supervision over the society in all its duties, interests, and relations.

THE DUTIES OF THE VICE-PRESIDENT.

The vice-president should make himself in all things the active and efficient assistant of the President; and it is his special duty to assist the vice-president of the State Association in charge of his county in his work of supervision and direction.

FORM OF APPLICATION FOR CHARTER.

To the President of the Medical Association of the State of Alabama:—We have the honor to state that a medical society has been organized in Blank county with the purpose of co-operating with the Medical Association of the State, in its professional and sanitary work, and to this end we herewith respectfully make application to be granted the necessary charter as prescribed in the constitution of the State Association, and the laws of the state.

We have read the book of the rules of the State Association, and are prepared in good faith to undertake the discharge of the duties and obligations which are therein prescribed for the county medical societies, and especially those in relation to medical examining boards and boards of health.

We also submit with this a copy of our constitution, and a copy of our roll of members; and have the honor to remain, etc.

COMMENTARIES AND EXPLANATIONS.

1. REMARKS ON THE FOREGOING CONSTITUTION FOR COUNTY SOCIETIES.

We have endeavored, in the foregoing plan of constitution for county societies, to suggest a code of regulations sufficient for the guidance of a county society in the discharge of its duties under the laws of the state, and under the ordinance of the State Medical Association; and at the same time simple enough and plain enough to be readily understood, and easily reduced to practice. It has been specially designed for use in counties where the members of the profession are so scattered as not to warrant any attempt to hold frequent meetings, and, therefore, provides for only four regular meetings every year, together with such special meetings as it may be found expedient to call for special purposes. It is certainly practicable in every county where the organization of a county medical society is at all warranted, for the physicians of the county to assemble for consultation once in every three months; and physicians ought certainly to find these assemblages so pleasant and profitable as to be willing to undergo the slight trouble and expense involved in attending them. Nevertheless, it is important to add here, that for most purposes connected with the legal functions of the county societies, one annual meeting might be made sufficient, provided that the societies are properly officered; and, especially, provided that the boards of censors are so selected as to guarantee their efficiency and trustworthiness.

We would suggest that many societies might find it convenient to hold their meetings at the county sites, and concurrently with the sessions of the circuit courts. We would also suggest that in counties where there are several towns of sufficient size, it may sometimes be well to hold the meetings in one and sometimes in another of these.

All the varying requirements of the varying circumstances of the different counties of the state, can be met by making such changes as in every case may seem advisable, in the provisions of that section of the suggested plan, that relates to the meetings of the societies. The other sections of the plan will be found, it is believed, to stand in need of only slight modification, if any at all. The annual dues of members will, of course, be regulated by the financial necessities of the several societies. In some cases, doubtless, one or two dollars a year from every member will produce a sufficient revenue, while in some other cases it will require as much as ten dollars a year from every member for the defrayment of the annual expenses. All of these details are left to the several societies to settle for themselves in such way as to them may severally seem expedient. In the meantime, it is important that all of the county

societies should be organized upon one common plan, in order that all may co-operate harmoniously in the great work of professional advancement and regeneration with which the Association has charged itself. *See Transactions for 1877, pp. 104, 105.*

2. FURTHER REMARKS ON THE CONSTITUTION OF THE COUNTY SOCIETIES.

A carefully prepared model for the constitutions of the county medical societies received the approval of the Association at the annual session held in Eufaula in 1878.

Several things that are frequently formulated into rules in the constitutions of societies were intentionally left out of this model; and so it has fallen out that several of the county societies in supplying these omissions have enacted rules that have given them trouble. New societies indeed are very liable to make mistakes in this regard which the experience, sometimes bitterly won, of older organizations enables them to avoid.

In regard to two of these sometimes enacted rules which often result in practical embarrassments, we desire to make a few suggestions.

The first is the question as to what should constitute a quorum, and we mention this especially because in one instance a rule prescribing a quorum led almost to the disruption of one of our societies. Without elaborate argument, we will say, that experience has shown that the members in attendance at any meeting of a society, whether few or many, should constitute a quorum for any business that can regularly come before such meeting, and whether the action of such quorum is wise and prudent or not, those who were absent ought not to find fault; because it was their duty and privilege to have been present, and whether the absence was due to accident, to business, or to misfortune, does not materially alter the case. The business of societies can not conveniently wait on any of these causes.

The second is the question as to penalties for non-attendance on the meetings of the societies. It is a very easy argument to say, that it is the duty of the members to be in their places at the meetings; and that if members do not do their duty they should be subjected to some penalty. But as a matter of fact the penalties can not be enforced, and the effort to enforce them will not compel attendance. Contrariwise, the result will be to drive the delinquent members out of the society, a result which is not greatly to be desired, there being many reasons why a member careless of his duties is better than no member at all. We know very well how provoking it is when members are persistently negligent of their obligations; and how unfair it is for all the work to be imposed on a few. But something of the same sort obtains in every field of labor; and we might just as well recognize at once that the only way to secure prompt and full attendance at the meetings is for every good member to make it a rule to attend regularly himself, and to try and make the meetings so interesting that when a negligent member comes once he will want to come again.

There are but two causes, which, in our opinion, should involve forfeiture of membership, namely: (1) Failure to pay the money dues,

an offense of which no gentleman can afford to be guilty; and (2) Rebellion against the authority of the society, of which no man who loves his profession can afford to be guilty. *See Transactions for 1881, pp. 91, 92, 93.*

3. THE WORK OF THE COUNTY SOCIETIES.

There is an old maxim that no chain is stronger than its weakest link. Now in our plan of organization our continued success or ultimate failure depends to a very great extent on the efficiency of the county medical societies. We are glad to be able to say that many of these are well organized and admirably managed. Upon these the Association builds her hopes. They are in very deed the confederates of her power.

We are also glad to be able to say that, taking the county societies generally, there can be no question that they have grown gradually into better organization and greater efficiency during the last decade, and especially during the last few years. But for those who have made most progress there is still room for improvement; and of a considerable number of them the following statement, quoted from our last annual report, still remains true:

"Many of our county societies are not what they ought to be, are defective in discipline and in professional and public spirit, and perform their important duties in such formal and perfunctory fashion as contributes but little to their own good reputation, and quite as little, it is to be feared, to the benefit of the profession and the people whom it is their duty to serve.

"Here is now the weak place in our armor, the vulnerable heel of Achilles in our organization, namely, *the comparative inefficiency of our county societies.* And it is to the county societies accordingly that we must direct our most anxious attention.

"With their eyes wide open, and something of judicial deliberation, they have undertaken the discharge of important public duties; and they must be made to understand that they have got to perform these duties with a decent approximation to a reasonable standard of efficiency; or else that it will become obligatory for the state Association, as the faithful servant of the profession and of the state under the law, to cut them off from her communion and fellowship by the withdrawal of their charters.

"Negligence and procrastination—these are the rocks upon which the county societies will founder, if they founder at all. Only let a majority of the members of any county society do, every one for himself, the simple duties that devolve upon him individually on account of his society membership, and success is as certain to bring laurels to that society as that the night follows the day."

We know very well the difficulties that lie in the way of many of the county societies, and we do not underrate their magnitude. We know that the members are often scattered over considerable areas of country, that the roads are often in such bad condition as very seriously to

impair travel upon them, and very often when there is but one practitioner in a neighborhood he has patients that he cannot leave.

But in spite of all these difficulties, those that we have mentioned and those that we have not mentioned, it is still possible, in almost every county in the state, to keep up an efficient county medical society. Frequent meetings, while very much to be desired, on many accounts, are not absolutely necessary to efficiency. The more frequent the meetings the better; but it is quite possible so to arrange and manage the business of a society that it could all be reasonably well done if the society held only one meeting in a year. In such case the society would have to devolve a great deal of its business on its officers, especially on its president and its board of censors.

We are afraid that the presidents of the societies often fail to appreciate the extent and character of the obligation imposed upon them by their official positions. The president of a society should, indeed, feel that he is the head of it—that it is his duty to think for it and act for it—to see that all the other officers and members come up to the measure of their respective duties, and that nothing is neglected that ought to be done. What would become of an army if the general in command was not continually on the watch to preserve its discipline and promote its welfare.

More important still are the boards of censors: (1) In their capacity as censors; (2) as boards of medical examiners; and (3) as committees of public health. In every county the board of censors should be selected with a view: (1) To the efficiency of its members; and (2) To the facility with which they can meet together. And this last consideration is often of so much importance that it should be allowed to outweigh the other. Better have a censor of less ability who can be depended on to attend the meetings of his board, than a much abler man whose services can hardly ever be made available. If possible, the whole number of the censors, or at least a majority of them, should reside in the county town, or very near it, so that there may never be any trouble to get a quorum for the discharge of business.

Once properly organized the board of censors should meet at least once a month, and at these meetings they should: (1) Look after the general welfare of the society; (2) Examine applicants for certificates to practice medicine, or to commence the study of it; and (3) Receive and canvass the monthly report of the county health officer, and see that the vital statistics law is properly administered.

The board of censors, acting as a committee of public health, as we have said, should meet at least once a month; they should have regular times for meeting; and they should meet promptly when the time comes. It will be found in practice best to have these meetings about the middle of every month. No member should remain away on the plea that there is nothing to do; there ought to be something to do, and if there is nothing to do, that alone is quite sufficient proof that there is something wrong. *See Transactions for 1882, pp. 140, 141, 142.*

4. FURTHER REMARKS ON THE WORK OF THE COUNTY SOCIETIES.

Under this head we can add very little to what we said in regard to the same subject last year. For the present and for many years to come one of the most important functions of this Association must be the fostering, the building up, and the supervision of the county societies. The machinery we have for this purpose seems to be about as complete as we can make it. We have the president of the Association, whose watchful care should be extended to every county in the state. We have the two vice-presidents, whose special and particular duty it is to look after the discipline and efficiency of the county societies. We have the revision of the roll of the county societies on the last day of every annual session; and the reference of delinquent societies to the board of censors for investigation, with the subsequent reports thereon. With all this many of the county societies are not what they ought to be. In some of the counties the material for the construction of county societies is extremely scanty, and sometimes some of that little is not of the best quality; and under such circumstances the societies are bound to be weak and more or less inefficient. But with the rapid progress in population and wealth of these counties these special difficulties will diminish continually, and our societies will grow larger and stronger. It sometimes happens again that in counties where the material is abundant and seemingly of good quality the county societies are allowed to drag along from year to year under very imperfect discipline, and doing very poor work. Such discouragements as these are not to be avoided. They are inevitable in the nature of things; but they too are temporary and will pass away in each special instance, perhaps to reappear somewhere else. So our societies must have their ups and downs. One year under the blighting influence of inefficient officers, or from want of harmony among the members, a society may drag behind. Another year the same society having found a competent leader, may press to the front, and cover itself with honors. Uninterrupted progress, then, is not to be expected; but let us see to it that all along the line the general tendency is upward and onward—is to better discipline, greater efficiency, and more unselfish work. In one word, we must labor always, in season and out of season, for the aggrandizement of the county societies. *See Transactions for 1887, pp. 156-7.*

CHAPTER III.

THE REGULATION OF THE PRACTICE OF MEDICINE.

SUMMARY OF CONTENTS:

The Medical Laws of the State—The Chapter of Medical Laws in the Civil Code—Amendment to Section 1305 of the Code—The Article in the Criminal Code Prescribing the Penalties—The Code of Ordinances for the Government of the Boards of Medical Examiners—Ordinance in Relation to the Boards of Medical Examiners—Form of Application for Examination—Form of Notice to Medical Colleges—New Rules for the Examining Boards—The Rule in Relation to Moral Character—The Rule in Relation to Scholarship—How Illegal Doctors Should be Treated—Appeals from County Boards—The Examination of Druggists—Commentaries and Explanations—Historical Sketch—The Administration of the Law—The Duties of the Medical Societies—The Duties of the Examining Boards—The Enforcement of the Penalties—A Special Recommendation—Memorial—The Art of Asking Questions—A Plea for the County Boards—The Necessity for Promptness—Applicants to be Examined in their Own Counties.

THE MEDICAL LAWS OF THE STATE.

The Laws and Ordinances for the Regulation of the Practice of Medicine in Alabama are contained in the following documents: (1) Chapter 3, Title 13, Part I, of the Code of 1886; (2) The Act to Amend Section 1305 of the Code, approved February 27th, 1889; (3) Article IV, Chapter 8, Title 2, Part V, in the Criminal Code of 1886; and (4) The General Ordinances Prescribing Rules for the Boards of Medical Examiners enacted by the State Medical Association. All of these here follow in their proper order.

THE CHAPTER OF MEDICAL LAWS IN THE CIVIL CODE.

PHYSICIANS, DENTISTS, DRUGGISTS.

§ 1296. (1516-17, 1534). *Medical boards may be established by court of county commissioners.*—The court of county commissioners of any county in which there is no board of medical examiners organized in accordance with the constitution of the medical Association of the State of Alabama, and in affiliation with the Association, may establish therein a medical board, to be composed of not less than three nor more than seven physicians of good standing, resident in the county, and such board shall have the authority hereinafter conferred; but the existence and authority thereof must terminate whenever a board of medical examiners is organized in the county in accordance with the constitution of the medical Association of the state, and in affiliation with the Association.

§ 1297 (1518-19, 1526). *Authority and duty of such medical board.*—Such medical board must examine all applicants for a license to practice medicine in the county, and must examine all applicants for a license as a druggist, or to deal in drugs and medicines in the county. If the applicant for a license to practice medicine, on such examination, is found duly qualified, and is of good moral character, the board, on a payment of a fee of five dollars for the use of the board, must issue to him a license to practice medicine in the county, in any one or more of its branches; and if the applicant for a license, as a druggist, or to deal in drugs and medicines, is found on such examination, to be duly qualified, and is of good moral character, the board must issue to him a license, which is authority for him to pursue the occupation of a druggist, or to deal in drugs and medicines in the county.

§ 1398 (1522). *Graduate of medical schools.*—A regular graduate of a medical college in the United States, having a diploma, is entitled to practice medicine without license in a county having only a medical board established by the court of county commissioners, upon the record of his diploma in the office of the judge of probate of the county; and for the record thereof, the judge of probate is entitled to a fee of one dollar.

§ 1399 (1520). *License issued by such board to be recorded.* The license issued by such medical board, either for the practice of medicine, or for a druggist, or to deal in drugs or medicines, must be signed by the president of the board, countersigned by the secretary, if the board have a secretary, and must be recorded in the office of the judge of probate of the county; and for the record thereof, the judge of probate is entitled to a fee of one dollar.

§ 1300 (1520). *License evidence.*—The license or diploma, after the record thereof, is evidence of the authority of the person therein named to practice medicine, or as a druggist, or to deal in drugs or medicines, in the county, and if the original be lost, a certified copy of the record is sufficient evidence.

§ 1301 (1530). *Authorized board of medical examiners.* The board of censors of the Medical Association of the State of Alabama, organized in pursuance of the constitution thereof, adopted at Tuscaloosa, in March, 1873, and the board of censors of the several county medical societies in affiliation with the Association, and organized in pursuance of its constitution, are constituted boards of medical examiners, having the authority and subject to the duties hereinafter prescribed.

§ 1302 (1528). *Certificate of qualification obtained.*—Without a certificate of qualification from an authorized board of medical examiners, except in the cases hereinbefore provided for, no person must engage in or pursue the occupation of a druggist, or deal in drugs or medicines, or practice medicine in any of its branches or departments as a profession or means of livelihood.

§ 1303 (1531). *Standard qualification.*—The standard of qualification, the method or system and subjects of examination of druggists, or dealers in drugs or medicines, and of practitioners of medicine, shall be prescribed by the Medical Association of the State of Alabama, and must be observed by the board of medical examiners.

§ 1304 (1532). *Certificate of qualification.*—It is the duty of the board of medical examiners, on application, to examine an applicant for a certificate of qualification, as a practitioner of medicine, according to the rules and regulations made by the medical association of the state, and if found qualified

and of good moral character, to issue to him a certificate of qualification. For such certificate no fee or charge must be made by the board of examiners; but any actual expenses necessarily incurred by the board in making or supervising such examination, not to include the personal expenses of any member of the board attending such examination, must be paid by the applicant.

§ 1305 (1533). *Certificate may, in certain cases, be issued without examination.*—All physicians, druggists, or dealers in drugs or medicines, having license as hereinbefore provided, before the organization in the county of a board of medical examiners, are, on application to an authorized board of medical examiners, entitled to a certificate of qualification without an examination; and the physician is also entitled to have his name inscribed on the register of licensed practitioners of medicine.

§ 1306 (1532). *Certificate of qualification and license to be recorded.*—The certificate of qualification, issued by an authorized board of medical examiners, is a license to the person to whom it is issued, for the purpose therein expressed, and confers authority to practice medicine, or as a druggist, or to deal in drugs or medicines, throughout the state. Such certificate must be recorded in the office of the judge of probate of the county in which the person to whom it is issued may reside at the time of the issue; and upon the record thereof, the judge of the court of probate must endorse thereon a certificate of the fact of record, which must be signed by him, and to which he must affix the seal of the court; and for the record and certificate he is entitled to a fee of one dollar.

§ 1307. *Proof of certificate.*—Such certificate, the record thereof being certified by the judge of probate, is evidence of the authority of the person therein named to practice medicine, or as a druggist, or as a dealer in drugs or medicines, and if the original be lost, a certified copy of the record is sufficient evidence.

§ 1308 (1535). *Midwifery.*—The provisions of this chapter do not apply to women engaged in the practice of midwifery

§ 1309. *Druggist, or dealer in drugs or medicines.*—A

druggist, or dealer in drugs and medicines, within the meaning of this chapter, is one whose occupation is the buying and selling of drugs or medicines, and the preparation or compounding thereof.

§ 1310. *Board of dental examiners.*—A board of dental examiners is constituted. Such board is elected by the Alabama Dental Association, and holds office for the term of two years, and thereafter until their successors are elected and qualified. Vacancies occurring in the board are filled by appointment for the unexpired term, made by the president of the Association.

§ 1311. *Members and qualification of members of board.* The board consists of five members, graduates, or practitioners of dentistry, members in good standing of the Alabama Dental Association, who have for three years or more practiced in the state.

§ 1312. *Duty and authority of board of dental examiners.* It is the duty of the board of dental examiners—

1. To meet annually at the time and place of meeting of the Alabama Dental Association.
2. On the call of three members of the board, to hold special meeting, at such time and place as may be appointed, giving to all known practicing dentists in the state, through the mail, thirty days notice of such special meeting.

3. To grant licenses to practice, on application, to all dentists, who may, before February 11th, 1881, have received licenses to practice from a medical board in this state, or to such as may present a diploma from an incorporated dental college. Such licenses to be granted without examination or fee.

4. To grant licenses to all other applicants who undergo a satisfactory examination, upon the payment of a fee of five dollars.

5. To keep a registry of the licensed practitioners of dentistry, a transcript from which, certified under the seal of the board by the officers having the custody thereof, shall be evidence of the license of any practitioner therein named.

6. To prescribe a course of reading for students of dentistry under private instruction.

§ 1313. *Temporary license.*—One member of the board of

dental examiners may grant license to practice, which is operative until the regular meeting of the board, but such temporary license must not be granted to an applicant who has been previously rejected by the board.

§ 1314. *License Record.*—The license, other than a temporary license, must be signed by the president of the board of examiners, and countersigned by the secretary, if the board have a secretary, and must within (30) thirty days after the grant thereof, be filed in the office of the judge of probate of the county of the residence of the person to whom it is issued, and must be therein recorded; and after record thereof, the judge must thereon indorse and certify under the seal of the court the fact of record; and for the record and certificate, the judge of probate is entitled to a fee of one dollar.

§ 1315. *Proof of license.*—The license, certified by the judge of probate, is evidence of the authority of the party therein named to practice dentistry; and if the same is lost, a copy of the record duly certified is sufficient evidence.

§ 1316. *Dentistry must not be practiced without license.* It is not lawful to engage in the practice of dentistry without a license from the board of dental examiners.

§ 1317. *Quorum of board of dental examiners.*—Three members of the board of dental examiners constitute a quorum for the transaction of business; and if a quorum is not present on the day appointed for a regular or special meeting, so many as are present may adjourn from day to day for five successive days until a quorum is present.

§ 1318 (1524-6). *Contracts for medical or dental services, or purchase of drugs or medicines void; when.*—Every contract or agreement, express or implied, the consideration of which is the service of a physician, surgeon, or dentist, or the sale of drugs or medicines, is void, unless the physician, surgeon or dentist, or the seller of such drugs or medicines has authority to practice medicine or dentistry, or as a druggist, or to deal in drugs or medicines, obtained according to the provisions of this chapter. But proof of such authority must not be required, unless two days notice to make the same is given before the trial.

AN ACT TO AMEND SECTION 1305 OF THE CODE.

SECTION 1. *Be it enacted by the General Assembly of Alabama,* That section 1305 of the Code be and is hereby amended so as to read as follows:

Certificates may in certain cases be issued without examination.—All physicians, druggists, or dealers in drngs and medicines, having license as hereinbefore provided, and all physicians actually engaged in the practice before the organization in the county of a board of medical examiners, are, on application to an authorized board of medical examiners, entitled to certificates of qualification, without examination, and the physician is also entitled to have his name inscribed on the register of licensed practitioners of medicine.

Approved February 27th, 1889.

THE ARTICLE IN THE CRIMINAL CODE PRESCRIBING THE PENALTIES.

§ 4078 (4243). *Dealing in drugs, or practicing medicine without license from medical board.*—Any person practicing medicine or surgery, or engaging in the business of a druggist, or dealer in drugs or medicines, without having first obtained a license, or diploma, or certificate of qualification, or not being a regular graduate of a medical college of this state, having had his diploma legally recorded, must, on conviction, be fined not more than one hundred dollars.

§ 4079 (4244). *Practicing dentistry without license from dental examiners.*—Any person practicing dentistry, not having obtained license from the board of dental examiners, must, on conviction, be fined not less than fifty, nor more than three hundred dollars; but the extraction of teeth only must not be considered a violation of this section.

THE CODE OF ORDINANCES FOR THE GOVERN- MENT OF THE BOARDS OF MEDICAL EXAMINERS.

ORDINANCE IN RELATION TO BOARDS OF MEDICAL EXAMINERS.

SECTION I.—*The Preface.*

Be it ordained by the Medical Association of the State of Alabama, (1) That the said Medical Association of the State of Alabama hereby formally assumes for itself, and for the several county medical societies in affiliation with it, the powers and duties embodied in the act of the general assembly of the State of Alabama, which is entitled "An act to regulate the practice of medicine in the State of Alabama," and which was approved by the Governor on the 9th day of February, A. D. 1877; and which act has been summed up in Part I, Title 13, Chapter 3, of the Alabama Code of 1888. And (2) That the several boards of medical examiners created by the said "act to regulate the practice of medicine in the State of Alabama," shall govern themselves, in the exercise of their several powers and in the discharge of their several duties, in accordance with the precepts and with the schedules here subjoined and marked respectively section two, section three, section four, section five, section six, section seven, section eight, of this ordinance.

SECTION II.—*The Precept of the State Board of Medical Examiners.*

Be it further ordained, (1) That the board of censors of the Medical Association of the State of Alabama constitutes the state board of medical examiners. (2) That the state board of medical examiners shall hold annual sessions concurrently with the annual sessions of the Medical Association of the State; and shall also hold such special sessions, and at such times and places, as to the board itself shall seem expedient. (3) That these annual sessions of the state board of medical examiners shall be protracted to sufficient length to enable the board to give adequate and proper attention to all the business that may be brought before it, and so that no arrears of neglected work may remain over from year to year. (4) That

this board shall examine all applicants who present themselves for examination in proper form, whether such applicants hold diplomas from medical colleges or not. (5) That this board shall, through its chairman, whenever in any county of the state the county board of medical examiners has been duly organized, notify the fact in proper form to the probate judge of the county. (6) That this board shall take rank as a "reputable medical college," in the sense in which that phrase is employed in section 14 of the constitution of the Medical Association of the State, and its diplomas shall admit the holders of them to full professional fellowship and recognition throughout the state. (7) That this board shall not issue certificates or diplomas *pro forma* and without examination as to medical qualifications, all work of this character belonging exclusively to the county boards of medical examiners. (8) That this board shall keep a record of all its examinations, and minutes of all its proceedings, and shall report every thing done by it to the Association for rectification and approval; and (9) That at every annual session of this board, before any other business is done, its chairman shall read aloud, for the information of its members, the whole of this "ordinance in relation to the boards of medical examiners."

SECTION III.—*The Precept of the County Boards of Medical Examiners.*

Be it further ordained, (1) That the boards of censors of the several county medical societies, which are in affiliation with the Medical Association of the State, constitute the county boards of medical examiners of the several counties. (2) That every such county board shall hold such sessions, at the call of its chairman, as may be necessary to meet the reasonable demands of applicants for license and of applicants for examination, and so as always to avoid unnecessary and vexatious delays. (3) That every such county board, as soon as it is duly organized, shall furnish the board of censors of the Medical Association of the State with a list of its officers and members, so that the notice required by law may be served upon the probate judge of the county. (4) That every such county board shall keep a book, to be

called "The Register of Licensed Practitioners of Medicine," in which it shall inscribe all the certificates issued by it, whether with or without examination as to medical qualifications. (5.) That every such county board of medical examiners shall, without examination as to medical qualifications, issue certificates to all such persons resident in the county as may be lawfully entitled to practice medicine at the time of the organization of the board, and such certificates, when properly registered by the probate judge, shall authorize the holders of them to continue the practice of medicine in the county under the law. (6.) That every such county board of medical examiners shall, also, without examination as to medical qualifications, formally endorse and register the certificates brought from other county boards of medical examiners by physicians moving into the county, and such certificates, when properly registered by the probate judge, shall authorize the holders of them to practice medicine in the county under the law. (7.) That every such county board of medical examiners shall, from time to time, as occasion may require, proceed to examine all such persons as propose to engage in the practice of medicine in the county, and who come not under the provisions of the two preceding clauses of this section, and shall issue to all such as pass favorable examinations, certificates, which, when properly registered by the probate judge, shall authorize the holders of them to practice medicine in the county under the law; *Provided, however,* That no such person shall be eligible for examination by any county board of medical examiners unless he holds the diploma of doctor of medicine from some chartered medical college which is recognized as of reputable standing by the practitioners of the system of medicine which it professes to teach; the examination of all applicants to practice medicine without diplomas being reserved to the state board of medical examiners. (8.) That at every session of any such county board of medical examiners, before the work of examination is commenced, the chairman of it shall read aloud, for the information of its members, the whole of this "Ordinance in relation to the Boards of Medical Examiners." (9.) That every such county board of medical examiners shall make an annual report of all of its proceedings, together with a list of

all the certificates issued by it, to the medical society of the county. And (10.) That the written examinations, in the handwriting of the persons examined, in all the cases coming before the county boards of medical examiners, shall be forwarded from time to time, as the examinations are made, to the senior censor for the supervision of the state board of medical examiners; and this to the end that the Association may have the means of judging as to the manner in which said boards are accustomed to discharge the duties devolving upon them under the law.

SECTION IV.—Miscellaneous Provisions.

Be it further ordained, (1) That all such persons as hold the certificates or diplomas issued by the authorized boards of medical examiners, are required to register them only in the counties of their residence, and it is only when the residence is changed that new registration becomes necessary. (2) That all such persons as practice the regular system of medicine under the authority of certificates issued by the county boards of medical examiners, shall be eligible for membership in the county medical societies, at the discretion of the several societies themselves, the county boards of medical examiners being hereby constituted for this purpose “reputable medical colleges” in the sense in which that phrase is employed in section XIV of the constitution of the Medical Association of the State. (3) That if at any time any applicant for examination shall believe himself to have been unfairly or unjustly treated by any county board of medical examiners, he shall have the right to appeal from such county board of medical examiners to the state board of medical examiners, which shall make a careful investigation of the case and render a final decision. And (4) That no person who has been examined in accordance with any of the schedules of this ordinance, shall be again eligible for examination until after an interval of one whole year.

SECTION V.—The Schedule for the Examination of all such Persons as Propose to Practice Medicine in Alabama.

Be it further ordained, (1) That all applicants for examination, who propose to practice medicine in this state,

shall be examined in the following departments of medical science, namely: In the elements of chemistry, inorganic and organic; in human anatomy; in human physiology; in the natural history of diseases, including, etiology, pathology, symptomatology, and differential diagnosis; in physical diagnosis; in the principles of surgery and surgical operations; in the mechanism of labor; in obstetric operations; in public hygiene; and in medical jurisprudence; (2) That these examinations shall be made in good faith towards the state, towards the medical profession, and towards the applicant himself; (3) That they shall be partly written and partly oral, and shall be of such character and extent as to test fairly and impartially the real knowledge and ability of the applicant; (4) That no diploma or certificate shall be granted in any case unless the examination is entirely satisfactory to the examining board, and that if the board is in doubt whether the diploma or certificate should be granted or not, it must be withheld, it being manifestly better that the applicant should devote some further time to study than that an unworthy and incompetent man should be passed.

SECTION VI.—*The Schedule for the Examination of all such Persons as Propose to Begin the Study of Medicine.*

Be it further ordained, (1) That all such persons as apply for examinations as a preliminary prerequisite to the commencement of the study of medicine, shall be examined in the following departments of knowledge, namely: In the grammar of the English language; in the general literature of the English language; in the general outlines of the history of the world; in the outlines of the history of the United States; in the elements of arithmetic; in the elements of algebra and geometry; in the elements of inorganic chemistry, and in the elements of physics or natural philosophy; (2) That these examinations shall be made in good faith, both towards the medical profession and towards the applicants themselves; (3) That they shall be partly written and partly oral, and shall be of such character and extent as to test fairly and impartially the real knowledge and ability of the applicants; (4) That they may be conducted upon the basis of any of the ordinary textbooks on the several subjects mentioned, such as are commonly

used in our high schools and academies ; (5) That in making these examinations the boards of medical examiners may, if they deem it expedient to do so, avail themselves of the assistance of professional teachers of good standing, and this because such professional teachers are more familiar with examinations of this character, and because their co-operation would furnish additional guarantees that the applicants were fairly dealt with; and (6) That favorable certificates shall not be granted in any case unless the examination is entirely satisfactory to the examining board ; and if the board is in any doubt whether the certificate should be granted or not, it must be withheld, it being manifestly better that any applicant should devote some further time to the study of the elementary branches of a common school education, than that he should rashly and presumptuously undertake, without reasonable preparation, the acquisition of a complexus of sciences of such difficulty and importance as those that compose the curriculum of medicine.

SECTION VIII.—*Diplomas and Certificates.*

Be it further ordained, That the diplomas of the State board of medical examiners, and the certificates of the county boards of medical examiners, shall be issued respectively in accordance with the forms following, namely :

FORM NO. 1.

The Diploma of the State Board of Medical Examiners.

The board of censors of the Medical Association of the State of Alabama, to all to whom these letters may come, send greeting :

Be it known, that by the authority of the State of Alabama, we have examined [John Hunter], a citizen of the State of Alabama, and of the county of [Mobile], in all the departments of medical knowledge included in the schedule prescribed by the State Medical Association.

We have found him in every way worthy of the title of doctor of medicine, and commend him to the fellowship of the medical profession, and to the confidence of all who stand in need of medical advice.

In testimony whereof, we have issued this diploma, which is signed by the board of censors and sealed with the seal of the Association.

Done in the city of [Birmingham] on the [12th day of April], Anno Domini, one thousand eight hundred and [seventy-seven].

FORM No. 2.

*The Certificate of the County Boards of Medical Examiners,
when no Examination is made.*

Know all men by these presents: That the board of censors of the medical society of the county of [Mobile], acting as a board of medical examiners under the law of the State of Alabama, and under the instructions of the medical Association thereof, hereby certify that [John Jones], a citizen of [Mobile] county, is authorized to practice medicine in all its branches in the State of Alabama, under the law.

This certificate is issued without examination as to medical qualifications, [John Jones] having been legally authorized to practice medicine in the State of Alabama at the time of the formation of this board of examiners.

Done in the [city of Mobile, January 10th,] Anno Domini, one thousand eight hundred and [seventy-seven].

(To be signed by the board of examiners.)

FORM No. 3.

The Certificate of the County Boards of Medical Examiners.

Know all men by these presents: That the board of censors of the medical society of the county of [Mobile], acting as a board of medical examiners under the law of the State of Alabama, and under the instruction of the medical Association thereof, hereby certify that [John Jones], a citizen of [Mobile] county, and a graduate of medicine of the [Medical College of Alabama], is authorized to practice medicine in all its branches in the State of Alabama, under the law.

This certificate is issued after the thorough examination of [John Jones] in all departments of medical knowledge included in the schedule prescribed by the State Medical Association; and in all of these he is found to be well qualified.

Done in the [city of Mobile, January 10th], Anno Domini, one thousand eight hundred and [seventy-seven].

(To be signed by the examining board.)

FORM No. 4.

The Certificate of the County Boards of Medical Examiners in the cases of persons who propose to begin the study of medicine.

This is to certify that we have carefully examined [Thomas Brown], in accordance with the instructions of the Medical Association of the State of Alabama, in the grammar of the English language; in the general literature of the English language; in the general outlines of the history of the world; in the outlines of the history of the United States; in the elements of arithmetic; in the elements of algebra and geometry; in the elements of inorganic chemistry; and in the elements of physics, or natural philosophy, and that we find that his proficiency in all of these several branches of knowledge is such as to warrant him to begin the study of medicine.

[Mobile, January 10th, 187—.]

(To be signed by the examining board.)

FORM OF APPLICATION FOR EXAMINATION.

To the Board of Medical Examiners of Blank County: Desiring to practice medicine in the county of Blank, I have the honor to make application to your board for the examination required by the law of the State; and as preliminary thereto, I herewith declare that I have not been examined by any board of medical examiners in the State of Alabama within the last twelve months; and also respectfully submit the following statement of facts:

- (1.) Name in full.
- (2.) Place and date of birth.
- (3.) Place of present residence.
- (4.) College and date of graduation.
- (5.) Place and length of time of previous practice.
- (6.) References.

Date.

Signature.

FORM OF NOTICE TO MEDICAL COLLEGES.

To the Dean (or President) of Blank Medical College:

SIR: In accordance with the rules for the government of the boards of medical examiners in the State of Alabama, I have the honor to inform you that *Blank Blank, M. D.*, a

resident of *blank* county, on the *blank* day of *blank month*, 188—, made application to this board for examination to practice medicine in this state, filing along with his application the diploma of the *blank* medical college, conferring upon him the degree of doctor of medicine, and bearing date the *blank* day of *blank month*, 188—; whereupon, the board proceeded to examine said applicant. I regret to have to add that the examination was not of a satisfactory character, and that consequently the board of examiners were constrained to withhold from the said *Blank Blank*, M. D., authority to practice medicine in this state.

All of which is respectfully submitted. In behalf of the board of medical examiners of *Blank* county, Alabama.

Blank Blank, M. D.,

President of the Board.

To *Blank Blank*, M. D., Dean (or President) of the *Blank* *Blank* medical college.

NOTE.

This ordinance for the government of the authorized boards of medical examiners was passed at the annual session of the Association which was held in Birmingham in 1877. It is printed here with the amendments since made, all inserted in their proper places.

NEW RULES FOR THE EXAMINING BOARDS.

Heretofore the principal difficulty in the way of the prompt and efficient action of our examining boards has been the difficulty of having the written examination conducted under proper supervision. The members of the boards are usually physicians in active practice, liable at any time to be called to visit patients, and so to be rendered to the alternative of leaving the applicant for the time without supervision, or else of interrupting the examination until the visits can be made.

In order to obviate this difficulty; to ensure that examinations shall be promptly made; to relieve the members of the examining boards from too heavy drafts upon their time; and to save applicants from vexatious delays, the State Medical Association, in 1887, promulgated the following additional rules for the government of the boards of medical examiners:

(1) When any applicant presents himself for examination it shall be the duty of the examining board to appoint a supervisor to conduct the written examination ; and said supervisor may or may not be a physician ; but he shall never be a member of the examining board.

(2) The supervisor so appointed shall provide a suitable room in which to hold the examination ; shall provide a sufficient amount of legal cap paper on which to write the examination ; and shall supply water, fires, pens, ink, tags, and such like incidental conveniences as may be needed.

(3) The supervisor shall arrange with the applicant as to the daily hours to be employed in the examination ; and during these hours he shall give his whole time to the work of supervision ; and he shall see that the examination is conducted strictly in accordance with the rules and instructions issued by this Association for the government of examining boards.

(4) When the written examination is finished the supervisor must turn the papers over in good order to the examining board, together with the following certificate duly dated and signed : I hereby certify that I have acted as supervisor in the examination of Dr. Blank Blank, by the board of medical examiners of Blank county ; which said examination was conducted in the town of Blank, beginning on the blank day of blank month of blank year, 1887, and finished on the blank day of blank month and year ; and I hereby further certify that said examination was honestly and fairly conducted in strict accordance with the rules of the state medical association ; and that Dr. Blank had no access to books or other helps during the progress of the examination.

(5) When the members of the board of examiners have finished their review of the papers and fixed the values of the answers in the several branches, the supervisor must gather all the papers together, including the application and the valuation schedules, see that they are properly arranged, properly paged, and properly packed, and so shall forward them, by mail or express, prepaid, to the senior censor, together with the sum of one dollar to pay for binding them to prepare them for filing in his office.

(6) The proper arrangement of a set of examination papers is as follows:

(a) One or two blank sheets.

(b) The title page in accordance with the following sample, making the requisite changes in names and dates:

"The Jefferson county board of medical examiners, March, 1887.

The examination papers in the case of George Washington Jones, M. D., Vanderbilt University, 1887.

Certificate granted."

(c) Supervisor's certificate, or copy of same, as provided for in the third of these rules.

(d) The formal application, with all the blank spaces carefully filled out.

(e) Summary statement of the examination and its results, according to the model here following:

"Summary statement of the averages in the examination of Dr. George Washington Jones."

| DEPARTMENT. | EXAMINER. | AVERAGES. |
|----------------------------|------------------------|-----------|
| Chemistry | Dr. John Smith..... | 62.50 |
| Anatomy | Dr. Sam Brown | 76.40 |
| Physiology | Dr. Peter Bryce..... | 78.00 |
| Nat. His. Diseases | Dr. John Smith..... | 90.00 |
| Physical Diagnosis | Dr. Wm. Johnson..... | 88.60 |
| Surgery | Dr. Wm. Johnson..... | 56.30 |
| Mechanism of Labor..... | Dr. Chas. Clanton..... | 70.75 |
| Obstetric Operations | Dr. John Smith..... | 68.40 |
| Hygiene | Dr. Peter Bryce..... | 88.25 |
| Medical Jurisprudence..... | Dr. Sam Brown..... | 90.50 |
| <hr/> | | |
| Total of averages | | 769.70 |
| Final average..... | | 76.97 |

(f) Special statement in each of the above branches in their order, according to the model here following:

EXAMINATION IN CHEMISTRY.

Valuation of answers by Dr. John Smith.

| | |
|------------------------------|-------|
| Question (1) valuation..... | 78.00 |
| Question (2) valuation..... | 75.75 |
| Question (3) valuation..... | 68.40 |
| Question (4) valuation | 82.00 |
| Question (5) valuation | 60.20 |

| | |
|------------------------------|--------|
| Question (6) valuation | 70.00 |
| Question (7) valuation | 80.00 |
| | |
| Total of values..... | 625.00 |
| Average of values | 62.50 |

And in like manner for all the departments.

(g) The questions and answers in the several departments in their schedule order, and for each department according to the model here following: "*Examination in chemistry. Questions by Dr. Thomas Lee.*" This as the heading, to be followed by a list of the questions in the handwriting of the examiner or of the supervisor. Then the questions and answers in regular succession in the handwriting of the applicant—question 1, and the answer to it, question 2 and the answer to it; and so on to the end.

(7) The supervisor must act under the immediate direction of the board of examiners, or of some member thereof, who shall furnish him with the questions in the several branches and with all instructions needful for his proper guidance; and the appointment of a supervisor shall not relieve the board of examiners from any part of the responsibility which rightfully belongs to them under the laws of the state and the rules of this Association.

(8) In consideration of his time and trouble, and of the incidental expenses incurred under rules two and five, in the conduct of an examination, the supervisor shall, in each and every case, be entitled to such compensation as may be agreed upon as fair and just, but not in any case to exceed the total sum of ten dollars, which shall be paid by the applicant under such conditions as may be satisfactory to the supervisor.

(9) Without reference to the number of examiners the number of branches included in an examination must always be ten, as follows: (1) Organic and inorganic chemistry; (2) Human anatomy; (3) Human Physiology; (4) The natural history, that is to say, the etiology, symptomatology, pathology, and diagnosis of diseases; (5) Physical diagnosis; (6) The principles of surgery and surgical operations; (7) The mechanism of labor; (8) Obstetric operations; (9) Medical jurisprudence; (10) Public and private hygiene. For each of these ten branches there must be a separate set of questions,

with a separate valuation of the answers, and a separate average for these values. The final average will then be found by adding together the averages in the ten branches, and dividing the sum so obtained by ten.

(10) The following rules shall govern the valuation of the averages:

An answer perfectly full and correct will be valued at 100. An answer defective in fullness or in accuracy will be valued according to the best judgment of the examiner as to its real merit at some rate less than 100—say 80—60—50—25—10—whatever may seem fair and just. Answers that are altogether wrong will be valued at 0. When no answer is given to a question this failure shall be marked 0. These several values of the answers in each of the branches will then be added together and the sum divided by the number of the questions. The quotient will be the average for that branch. The average for the several branches shall then be added together, and this sum divided by the number of the branches. This final quotient will give the average for the whole examination. If this final average is 75 or over the examination is satisfactory and the applicant will receive the certificate authorizing him to practice. If this final average is less than 75 the certificate shall be refused.

THE RULE IN RELATION TO MORAL CHARACTER.

The law as given in the new code provides that no person shall be admitted to the practice of medicine unless of good moral character. In order to carry into effect this provision of the law the Association adopted the following rule:

Be it ordained by the Medical Association of the State of Alabama, That any board of examiners, before beginning the medical examination of any applicant, shall satisfy themselves as to said applicant's moral character, and if said applicant is known or ascertained to be of grossly immoral habits, or an habitual drunkard, then the medical examination shall not be made.

THE RULE IN RELATION TO SCHOLARSHIP.

In the old times a doctor of medicine was necessarily a scholar. Medical books were written and medical lectures were delivered in the Latin language. No such standard of

scholarship is now possible amongst us, and it is perhaps not in itself to be greatly desired. But there can be no question about the general proposition: That no one ought to be admitted into the medical profession without a fair knowledge of at least his mother tongue. In order to carry this principle into effect the Association adopted the following rule:

Be it ordained by the Medical Association of the State of Alabama, That any applicant whose written examination shows him to be ignorant of the English language, or of his mother tongue, if a foreigner, shall not be awarded the certificate to practice medicine.

How ILLEGAL DOCTORS SHOULD BE TREATED.

The special and careful attention of the boards of medical examiners, and of all ethical physicians in the state is called to the following rules:

(1.) Whenever any physician, not already holding a certificate to practice medicine, derived from some authorized board of medical examiners in this state, moves into any county with the intention of engaging in the practice of medicine therein, it shall be the special duty of the board of medical examiners of said county, promptly and without delay, to serve on such physician the official notice as provided in the Book of the Rules requiring him to conform to the law.

(2.) If, after the service of the notice aforesaid, any physician continues to practice medicine in violation of the law, it shall be the duty of the county board of medical examiners to get up the proof against him, and to prosecute him before some court of competent jurisdiction promptly and without delay.

In spite of all that can be done to secure the enforcement of the law, it sometimes happen that doctors who have not complied with the law sometimes manage to practice for longer or shorter periods of time. Through the indifference of solicitors, or through the prejudices of grand juries, it may be difficult to secure indictments. In one case a physician was indicted three times, plead guilty of the charge three times, and three times paid costs and fines before he gave up the fight. The possibility of such cases makes it proper for the Association to prescribe rules for their treatment; and to this end we recommend the adoption of the following ordinance:

Be it ordained by the Medical Association of the State of Alabama, That physicians engaging in the practice of medicine in this state, in viola-

tion of law, shall be regarded as dishonorable men and unethical practitioners, and as such shall be placed under the ban of the profession, and denied any sort of professional recognition.

Even if it should be found hereafter that the penalty of the law can not be enforced without further legislation, that does not at all change the requirements of the law; and it would still be true that every physician practicing without a certificate from some authorized board of medical examiners would be an illegal practitioner. He would have no legal right to practice, and therefore no moral right. He could not collect bills by law. He would not be a preferred creditor for medical attention during the last illness of decedents. He would be under the ban of the profession, and excluded from all professional recognition, and from all professional organizations. In a word, he would occupy a position of embarrassment and humiliation that would be intolerable to any honorable and self-respecting man.

APPEALS FROM COUNTY BOARDS.

Under the rules of the State Association, the same applicant, so far as the county boards are concerned, is not allowed to be examined more than once in any one year. Otherwise he might demand from the same board a dozen examinations a year; or he might travel from county to county, and demand an examination from every board in the state.

In the meantime it may happen that some rejected applicant may believe that he has not been fairly treated; and in order that all such applicants may have an opportunity to get a new hearing, and to the end that any wrong done may be promptly put right, they may at any time apply to the state board for a new examination.

In these cases of appeals from county boards, after some little preliminary uncertainty, it has become the settled policy of the state board not to give any consideration to the examination made by the county board, but simply, and in the usual way, to examine the applicant *de novo*.

THE EXAMINATION OF DRUGGISTS.

In the pharmacy law passed at the recent session of the general assembly, the practice of pharmacy and the regulation of the buying and selling of drugs in all towns of 900 or over

of population is placed under the control of the state board of pharmaeay, to be appointed by the governor; therefore, in all such towns, our board of medical examiners are relieved of all responsibility in connection with the licensing and examination of druggists.

In the meantime, all other druggists—that is to say, all country druggists, and all druggists in towns of less than 900 population—are placed by the provisions of the new code, clearly and definitely under the jurisdiction of our boards of examiners. In view of this fact it seems expedient that some definite rules should be issued for the guidance of our boards in the discharge of their duties in this regard:

Be it ordained by the Medical Association of the State of Alabama, That druggists are divided into two classes. Class one consists of those who simply buy and sell drugs without manufacturing or compounding them. Class two consists of those who manufacture or compound medicines or put up physician's prescriptions. For class one the only qualification required shall be reputable standing in the community and a fair business capacity. For class two the boards of examiners shall satisfy themselves by actual examination of the competence of applicants, except that the diploma of a pharmaceutical college may be accepted in lieu of such examination.

COMMENTARIES AND EXPLANATIONS.

HISTORICAL SKETCH.

The plan of the movement which we have undertaken for the reformation of the medical profession in Alabama, and for the establishment of a higher standard of professional qualification, to be tested by examining boards of our own appointment and under our own supervision and direction, as a preliminary to the practice of medicine, was first foreshadowed in a series of resolutions presented to the Association at the annual session of 1870, which was held in the city of Montgomery.

The resolutions in question were referred to a very able special committee, which reported the resolutions back to the Association with an expression of opinion to the effect that while the reforms proposed were very desirable in themselves, they were at the same time utterly impracticable, in view of our surroundings, and that any effort to push them into execution must necessarily result in failure.

The friends of the movement were not willing to accept this dis-

couraging opinion as the final conclusion of the whole matter; and, accordingly, the plan to which they had committed themselves was again presented to the Association at the annual session of 1871, in Mobile, this time in the shape of a formal draft of a new constitution, which was elaborately discussed, and which was finally disposed of, so far as this session was concerned, by the order to print it in the Transactions, and by the postponement of its further consideration to the next annual session.

The next annual session was held in the city of Huntsville, in 1872, and here again the draft of the new constitution was the principal topic of debate. The friends of the new movement were quite satisfied that if the vote had been taken here, it would have been indorsed by a handsome majority; but they appreciated the importance of securing the hearty co-operation of the medical profession of the state, in order to carry the new plans into successful operation, and, on their motion, the further consideration of it was again postponed to the next annual session of the Association, which was held in the city of Tuscaloosa in 1873.

Here the several sections of the new constitution were separately discussed and separately voted upon; and, after a few unimportant amendments, the whole instrument was finally adopted as the fundamental law of the Association by a majority of more than two-thirds of the members present.

The Association having thus committed itself to the new plan, the next step was to endeavor to secure such legislative action as would enable its provisions to be enforced under the sanction and authority of the state.

To this end, the draft of an act to regulate the practice of medicine in the state of Alabama, was submitted for the consideration of the Association at the annual session of 1874, in the city of Selma. The proposed act was approved by the unanimous vote of the Association, and the board of censors was charged with the duty of presenting it to the legislature of the state. This was done at the legislative session of 1876-7. An active opposition to the measure was organized in the House of Representatives; but, after some modifications and an active canvass, the bill passed both houses of the legislature, and received the approval of the Governor on the 12th of February, 1877.

The several provisions of the law are now so well known that it is hardly necessary to allude to them here, except in a very brief way. Its leading features are as follows:

(1.) That the board of censors of the Medical Association of the State, and the boards of censors of county medical societies holding charters from the State Association, are constituted authorized boards of medical examiners.

(2.) That the standard of qualifications and the rules for the government of the authorized boards of medical examiners are such as may be from time to time prescribed by the Medical Association of the State.

(3.) That all persons legally engaged in the practice of medicine in

the State of Alabama, at the time of the passage of the law, are continued in the enjoyment of that right under certain regulations.

(4.) That no one shall be allowed, under fines and penalties, to commence the practice of medicine in any county of Alabama, where there is an authorized board of medical examiners, until he has passed a satisfactory examination, and registered his certificate thereof in the probate court of the county.

It will be seen at a glance that by this law, and for the first time in the history of American legislation, the medical profession itself, as organized in the State Medical Association, is invested with the power to fix the terms of admission into its own ranks, and to prescribe the character and amount of the qualifications which shall entitle any one to practice medicine in the state. It will also be seen at a glance that under the operations of this law, if it is faithfully and wisely administered, the regeneration and purification of the medical profession in this state is only a question of time. And surely, under the circumstances, we can very well afford to wait. The degredation of the profession has been going on in Alabama for half a century, and the profession has stood by and been witness of this degredation almost without protest. Remembering this, it would be very unreasonable for us to grow impatient, because it will require a whole generation to complete the work of professional regeneration.

From the beginning, our principle object has been to elevate, to purify, to regenerate, the regular profession itself. Let us make ourselves what we ought to be, and everything else will then be well.

This work of reformation and regeneration we have desired to accomplish, not alone in the interest of the medical profession of the state, but also in the interest of the people of the state. And it was upon the ground that we are in fact, as we of right ought to be, the natural, legitimate, and lawful custodians and guardians of the public health, and of the sanitary welfare of the people, that we felt ourselves warranted in asking, at the hands of the state, such legislation as would give some reasonable promise of protection to the people against ignorant and incompetent practitioners of medicine. For ourselves alone we could not have made this appeal to the state, because we have established it as an inflexible principle, in the public policy of the Association, that we will never, under any circumstances, demand legislative action for our own express and exclusive advantage. But that which we could not demand for ourselves, we felt it to be our privilege and our duty to demand for the people of Alabama.

None but medical men are fully competent to appreciate the character and the amount of the mischief that is done by medical charlatans and ignoramuses—mischief which spreads itself out in many directions, and involves the loss of time, of health, of money, of valuable lives, and of all the most precious of the earthly possessions of individuals and of communities. But everybody can understand that there can be no question, whether as a principle of good morals, or as a principle of wise political economy, that licenses to practise medicine and to collect

fees ought to carry with them some reasonable presumption of medical knowledge and skill; and everybody can understand, also, that such reasonable presumption of medical knowledge and skill can be secured only by such legislation as that which we have here under consideration.

In regard to the value of this law, we do not hesitate to assert that it would be difficult to over-estimate its importance whether to the profession, or to the general public. And yet we are well assured that there are members of this Association even who have failed to appreciate the dignity, and importance, and far-reaching influence of the authority with which, through the agency of this law, the Association has been invested. By virtue of this law, indeed, we stand on the threshold of a new era in the history of the medical profession in this country. For the first time in the annals of American legislation, the right to practice medicine is virtually restricted to the members of the medical profession, and the medical profession is, at the same time, invested with the power to control the qualifications of its own members.

It is an immutable principle in the economy of providence, that privilege and obligation, authority and responsibility, are always bound together in inseparable copartnership and alliance; and it therefore behooves us, in the administration of this law, to proceed with the utmost wisdom and circumspection. We must be absolutely fair and impartial towards all who may be in any way affected by the operation of the law. Above all, we must appreciate the real purpose and spirit of the law, and must carry it into execution in such good faith, with such clean hands, with such union of gentleness and firmness, and in every way in such high and noble fashion, as shall prove that we are not unworthy of the great trust which the state has confided to our keeping.

In this connection, we hope that we may be pardoned for the expression of our regret, that in some quarters it seems to have been taken for granted that the main object and chiefest recommendation of the law is to be found in the means which it affords for the suppression of irregular quacks and of peripatetic charlatans. Again and again, in our annual reports, we have protested against this misconception; and here again we take occasion to impress it upon the members of the Association, that the law has been conceived and enacted in a very different spirit from this; that, indeed, its first and greatest function is to banish charlatanism and incompetency from the medical profession itself. It is true that charlatans and ignoramuses outside of the regular ranks are also great public nuisances, and that as such the public welfare demands their suppression, and the law decrees it. But in carrying out this secondary and incidental function of the law, we must not neglect the execution of that function of it which is not secondary and incidental, but which, contrariwise, is fundamental and first—namely, the purification, the elevation, the regeneration of our own professional brotherhood.

But will the law to regulate, if faithfully administered, really accomplish the wonderful results which we have so confidently asser-

Of this there can be no question whatever. For what, in the last analysis, is the sum and substance of the law but this, namely: That hereafter, in the State of Alabama, no man shall be allowed to engage in the practice of medicine until he has been examined by a board of medical men, and has been by them pronounced to be competent and worthy? If the examining boards do their duty, therefore, the resulting consummation which we have all so devoutly wished is certain, and no peradventure of doubt can cast its ghastly, gaunt, ungainly shadow into our professional future.

Suppose, however, that the examining boards do not do their duty, what then? Why, then, it matters very little what. But to suppose this, is to suppose that the medical profession is a rank and pestilent congregation of shams and charlatans—is to suppose, in one word, that they are all that which they are in the habit of denouncing—a supposition which we find it impossible to entertain.

THE ADMINISTRATION OF THE LAW.

In view of the facts and principles which we have indicated, it seems plain to us that the most important duty that lies before the medical profession of the State of Alabama, and especially before the Medical Association of the State of Alabama, is to extend as rapidly as circumstances will permit into the several counties of the state the administration of the Law to Regulate the Practice of Medicine.

To this end we venture to make the three recommendations here subjoined, namely:

1. That in all the counties of the state, where it has not been already done, and where there are a sufficient number of physicians engaged in practice to warrant such action, as speedily as may be, county medical societies should be organized in accordance with the rules and usages of this Association.

2. That the county medical societies holding charters from this Association, shall proceed without unnecessary delay, to undertake the faithful and energetic administration of the law in their several jurisdictions.

3. That the boards of censors of the county medical societies, in their capacity of authorized boards of medical examiners under the law, should show, by the promptness, decision, energy, and faithfulness with which they proceed in the discharge of their duty, that they entertain an adequate appreciation of the high character and importance of the functions which they are called upon to exercise.

The duties and obligations of the general profession, of the organized medical societies, and of the boards of censors, which are referred to in these three recommendations, although inseparably allied and interwoven amongst themselves, are not precisely identical. They are all, however, indicated in general outline in section xiv of the constitution of this Association; and especially the rules for the formation of the county medical societies, and the rules for the guidance of the boards of censors in the discharge of their constitutional functions. The

rules for the guidance of the boards of censors in the exercise of their functions under the Law to Regulate the Practice of Medicine—that is to say, in the issue of certificates and the conduct of examinations—have been given with sufficient elaboration in the Ordinance in Relation to the Boards of Medical Examiners, which was enacted at our last session.

Over and above these, however, there are various questions of detail, which the medical societies and examining boards will have occasion to consider from time to time, and which do not fall within the scope either of the constitution or of the ordinance referred to. Inasmuch as there are obvious reasons why it would be better for the county medical societies and for the examining boards to observe uniformity of procedure, even in matters of minor detail, it may not be amiss for us to pass some of these questions under review.

THE DUTIES OF THE MEDICAL SOCIETIES.

1. The medical boards are the creatures of the medical societies, and here as elsewhere, the creature is immediately and directly responsible to the creator. At the same time the creator is indirectly and mediate-ly responsible for the creature. Neither can ignore nor repudiate the other. Hence, either formally or informally, the medical societies must authorize the boards of censors to enter upon the discharge of their functions as boards of examiners under the law; and hence, also, the societies must become responsible for the legitimate expenses of the boards. To meet these two indications every society might pass some such resolutions as these that here follow, namely:

Resolved, That the board of censors of this society, as the authorized board of medical examiners, in and for the county of Blank, under the Law to Regulate the Practice of Medicine in this state, be and are hereby instructed to take such steps as may be necessary to carry out the administration of the said law in the said county of Blank; and that they do this without unnecessary delay.

Resolved, That the board of censors be, and are hereby authorized to procure at the expense of this society, such blank books, stationery, etcetera, as they may stand in need of; to make, also, at the expense of this society, once a week for three successive weeks in one of the newspapers of the county, such publication as may be necessary for the information of all concerned, of the organization of the board of medical examiners, and of our intention to execute the provisions of the law; and to do whatever else may be found to be necessary to carry out promptly and efficiently the instruction contained in the foregoing resolution.

We would, also, suggest the following as an appropriate form of public notice:

Office of the Board of Medical Examiners of the County of Blank.

For the information of all whom it may concern, notice is hereby given that a board of medical examiners has been organized in and for the county of Blank, under the Law to Regulate the Practice of Medi-

cine in this State, which was approved on the 9th day of February, 1877; and that the provisions of said law will be hereafter of full force and effect in this county. (This to be signed by the president, or by the secretary of the board, or by both of them.)

THE DUTIES OF THE EXAMINING BOARDS.

2. After these preliminary steps have been taken, one of the first duties of every county board of medical examiners is to issue certificates *pro forma* and without examination, to two separate classes of persons, namely: (1) To all persons who are legally engaged in the practice of medicine at the time of the organization of the board of examiners; and, (2) To all persons who, without being engaged in the practice of medicine at the time might legally do so if they saw fit. Here emerges the question, what is meant by 'the phrase "legally engaged in practice?"' The reply to this is, that there are two classes of practitioners who come under this description, namely: (1) All those who practice under the authority of diplomas of medical colleges; and, (2) All those who practice under the authority of licenses of medical boards heretofore acting under the laws of this state.

There is still another class of practitioners, of whom it is to be hoped that their name is not legion, namely: (3) All those who practice without any authority at all—those whom colleges have not honored with diplomas, and upon whom medical boards have not wasted licenses. These are not legally engaged in practice; and according to the letter of the law they are not entitled to certificates, *pro forma* and without examination. Here there arises question as to how these illegal practitioners are to be treated. It is evident that the penalties of the law to regulate practice might be enforced against them, and that they might thus be driven from the medical field. It may sometimes prove wise and expedient to do this. But at other times public opinion would censure this course of procedure as harsh, arbitrary, and unjust, so that it might prove to be quite other than expedient, and quite otherwise than wise. It is the policy of the law, and still more emphatically it is the policy of this Association, to disturb established facts, privileges, practices, immunities, and pursuits as little as possible; and this whether the facts, privileges, practices, immunities, and pursuits are in themselves good, bad, or indifferent. We can not afford, by any arbitrary interference with existing interests, and especially by the deliberate destruction of the occupation and business by means of which men have been accustomed to make their daily bread and meat—we can not afford in this way to provoke the prejudices of the thoughtless thousands who constitute the great mass of the body politic—can not afford it, because if the masses of the people were to array themselves against our law to regulate practice, some future general assembly would sweep it away like so much chaff.

After very careful consideration of the whole question, we have reached the following conclusion, namely: That all such persons as are actually engaged in the practice of medicine in any county before

the organization of the board of medical examiners therein, even although they are thus engaged without authority of law, had better be let alone, unless their incompetence or their mendacity is so notorious as to place them outside of the pale of public sympathy.

In the case of peripatetic charlatans all the conditions of the problem are changed. These roaming and advertising gentlemen have no local habitations amongst us. They are at the same time birds of passage and birds of prey, obscene and filthy, mendacious and unscrupulous beyond all reach of decent description, and good principle and good policy alike dictate that they should be checked at once in their careers of robbery and imposture.

THE ENFORCEMENT OF THE PENALTIES.

3. This brings us naturally to another question of practical importance, namely: What measures are necessary to secure the enforcement of the legal penalties against illegal practitioners? If there are no prosecutions there can be no convictions. If the law is allowed to be violated with impunity it will, of course, remain a dead letter. But convictions can be had only upon adequate evidence, and adequate evidence is not usually to be had unless some trouble is taken to hunt it up. The collection of evidence and the arraignment of offenders before the legal tribunal is commonly felt to be an ungracious and disagreeable duty; but when this needs to be done in the vindication of a great public interest, instead of in the pursuit of some private advantage, it becomes a duty from the performance of which no good citizen should allow himself to shrink. It is an old maxim, however, and universal experience proves it to be a true one, that what is everybody's business is nobody's business; and it is plain that in the administration of the penalties of this law, the members of the medical profession will have to become the active agents, as well as in the administration of the more dignified duties of issuing certificates and making examinations.

We hold it to be important, therefore, that the whole question of the execution of the legal penalties against illegal practitioners should be specially discussed in every county medical society, so that some mutual understanding may be reached, so that the individual members may be fully advised of their duties in the premises, and so that everything may be done systematically and deliberately, leaving as little as possible to accident and chance.

In the prosecution of these cases they may be carried before the grand juries, who, if the proof is sufficient, would be obliged to find true bills of indictment, and then the subsequent prosecution would be conducted by the state. But grand juries are not always in session, and prosecutions of this character are liable to many delays. In a considerable number of these cases, therefore, if not, indeed, in the majority of them, it is better that the processes should be brought before the county courts, who, upon the same presumption of the sufficiency of proof, would either exact the penalty at once, or else place the accused under bond to appear before some higher court.

What constitutes sufficiency of proof? It is not enough to prove that the accused has publicly offered, by advertisement in newspapers, or by means of printed circulars, or otherwise, to practice in contravention of the law; but it must be shown that he is actually given medical advice to certain specified persons, on certain specified occasions. Usually this sort of proof can be obtained without difficulty, because it is usually easy to find out what patients have been under treatment, and these can be summoned as witnesses.

4. Last of all, in this connection, comes up the question as to whether notice ought to be served in advance upon such persons as are evidently preparing to engage in practice unlawfully. This is not strictly necessary, since acquaintance with the law is in all cases presumed. But it is always more in consonance with the instincts of generous natures to give fair warning before commencing an assault. Besides, there are incidental advantages connected with this method of procedure which are sufficiently obvious not to require any special mention. We recommend, therefore, as a general rule, that wherever, in any county in this state, any person is known to be about to engage in the practice of medicine, in ignorance of the law, or in defiance of its penalties, that the board of censors of the county society proceed to serve notice upon him, warning him that the provisions of the law must be complied with; and we suggest the following as a suitable form for such notice:

Office of the Board of Medical Examiners of Blank County.

Sir—We have the honor to inform you that before any person can engage in the practice of medicine, in any of its branches, in this county, he must, in accordance with the provisions of the law to regulate the practice of medicine in the State of Alabama, undergo examination by the authorized board of medical examiners of the county, and must obtain from them a certificate of qualification, which certificate must also be registered in the office of the judge of probate. To practice in contravention of the law constitutes a misdemeanor, punishable by fine and imprisonment. (This is to be signed by the President, or by the secretary of the board of censors, or by both of them.)

A SPECIAL RECOMMENDATION.

We have another recommendation to make, which, while it is of a very simple character, seems to us to be of great practical importance, namely, this:—

That at least once in every year, and upon some specially designated occasion, it shall be made a special order of business, in every county medical society, to bring up for general examination and discussion, the whole question of the administration by the society itself, and by its board of censors, of its duties and functions in relation to the requirements of the constitution of the State Association, in relation to the health laws of the state, and in relation to the law to regulate the practice of medicine. It would seem that the fittest occasion for this general examination would be in connection with the annual report of the board of censors at the annual meeting for the election of officers.

For the rest, it is quite certain that it is only by some formal arrangement of this sort that the several societies can accomplish their full measure of usefulness in their several jurisdictions, and guard themselves adequately against the mischievous consequences of carelessness, negligence and general inefficiency.

MEMORIAL.

As tending to illustrate the spirit and purpose of the law to regulate the practice of medicine, the memorial which was presented in connection with it to the general assembly is here subjoined :

The Memorial of the Medical Association of the State of Alabama to the Honorable, the Senate and the House of Representatives of the General Assembly of the State of Alabama :

The undersigned, the board of censors of the Medical Association of the State of Alabama, were instructed, at the last annual session of said Association, to present to the favorable consideration of your honorable bodies the accompanying draft of an act to regulate the practice of medicine in the State of Alabama.

In the discharge of this duty, we beg to make the following statements :

(1.) That the urgent need of some more efficient method for securing a higher standard of qualifications than that which at present obtains in this country as a prerequisite to the legal right to practice medicine in its several branches, is generally recognized both by the members of the medical profession itself, and by all the more intelligent and thoughtful citizens of the state who are engaged in other occupations.

(2.) That the cardinal defect of our present system is to be found in the fact that the diplomas of medical colleges, by the statute laws of the State of Alabama, and perhaps of all the other states of the American Union, carry with them the right to practice medicine and to collect fees for medical services.

(3.) That the rapid multiplication of medical colleges in this country, while it has led to the accumulation of abundant means for the acquisition of medical knowledge, has also led to such dishonorable competition amongst the colleges for the purpose of attracting students, that their diplomas have practically ceased to furnish any reasonable presumption of respectable professional acquirements.

(4.) That under the operation of this vicious system, the country is getting to be overrun by incompetent doctors, to the great detriment of the public welfare, and to the degradation of the medical profession, thus establishing a condition of things amongst us which fully warrants the interference of the legislative authority of the state.

(5.) That the extent of this evil may be to some extent judged of, by the fact that in the German Empire, with a population of forty millions (40,000,000), the number of medical diplomas annually issued amounts to only six hundred (600); while in the United States, with a

somewhat smaller population, the number of medical diplomas annually issued amounts to more than three thousand (3,000).

(6.) That it is the unanimous opinion of all those who have specially investigated this question, that the only adequate remedy for this great and growing evil is to place the power of granting license to practice medicine in the hands of examining boards which have no pecuniary interest in the success of medical colleges, and to place these examining boards themselves under such supervision and direction as will guarantee from them both the impartial and the efficient performance of their duties both to the medical profession and to the state.

(7.) That this principle of delegating the power of granting licenses to practice medicine exclusively to impartial, competent and responsible examining boards, holding their appointment from the Medical Association of the State, and acting under its direction and control, is the principle upon which is based the plan for the regulation of the practice of medicine in the State of Alabama, which is herewith submitted to the consideration of the general assembly.

(8.) That the provisions of the proposed law are of such character that they will in no way interfere with any person who is already lawfully engaged in the practice of medicine under any system whatever—regular, irregular or defective.

(9.) That the proposed law involves the state in no expenditure of money, neither now nor hereafter.

(10) That the action of the law will be so gradual that it will hardly be appreciable from year to year, and at the same time so certain and so far-reaching in its ultimate influence, that in twenty or thirty years it will thoroughly accomplish that thorough-going reformation of the medical profession, which, amongst us, is so greatly to be wished.

(11.) That inasmuch as this plan will not interfere with any person who is already engaged in the practice of medicine—inasmuch as it works no wrong to any citizen of the state—inasmuch as it imposes no burthens upon the state treasury—and inasmuch as its ultimate result will be to give to the state a medical profession which it will have just cause to be proud of—for all these reasons, in the name and behalf of the Medical Association of the State, and in the name and behalf of the medical profession of the state, which we have the honor to represent, we ask for it your serious and favorable consideration.

All of which is respectfully submitted.

Signed by the Board of Censors.

THE ART OF ASKING QUESTIONS.

We would like to say a few words about the character of the questions to be found in the examination papers. Sometimes they are prepared carefully, and with a proper appreciation of the end in view; but sometimes, also, they are evidently dashed off in a hurry and are not well adapted to test the knowledge of the applicant, which is the sole purpose they are intended to subserve.

A few illustrations will make our meaning plainer—illustrations quoted from actual papers and not invented to order,

(1.) Questions should not be trivial, and should not involve merely the definitions of familiar terms. For example, such questions as—What is anatomy? What is chemistry? are never admissible. As well ask a candidate for the degree of bachelor of arts, how to spell “baker” or “crucifix.”

(2.) They should not be so briefly expressed as to be of vague and doubtful connotation. Take for example, such questions as—“circulation”—“absorption.” Circulation of what? Of chyle? or of lymph? or of blood? If you say of blood, because, for a doctor, that is the most important circulating fluid, then shall it be foetal circulation? or adult circulation? If adult, then shall it be portal circulation? or pulmonary circulation? or general circulation leaving all these out; or general circulation taking all these in? The vague suggestion of a question in the word “absorption” admits of similar analysis.

(3.) They should ask something that is congruous with some medical fact or principle, and that admits of definite answer. Take such a question as this, for example, and what can be done with it? “Describe the mechanism of labor in its different stages.” Does it mean the stages of the mechanism? or the stages of the labor? If you say “stages of labor,” very well; but how can you tell anything about the mechanism of a stage of labor unless you begin with a position?

(4.) They should be single and not composite, or multiple. What here follows was given as a single question; but it is clearly eight questions in one: “How many bones are there in the human body; how are they divided; how many in the head and face; how many vertebrae; how many in the upper and lower extremities; describe the clavicle; name the bones of the pelvis; give the minute anatomy of bone structure.”

(5.) They should not be too comprehensive. The following question was given in one instance: “Give the anatomy of the abdominal viscera.” A full answer to it would require a considerable treatise, since it includes the stomach, the intestines, small and large, the liver, the spleen, the pancreas, etc.

(6.) In one word, the applicant has so much at stake in this matter that he has the right to have propounded to him only reasonable and proper questions, expressed in clear and comprehensive language, and the examining boards owe it to themselves that the questions employed by them should be carefully considered and adequately expressed.

A PLEA FOR THE COUNTY BOARDS.

From time to time fault has been found with our system of county boards of medical examiners; and it has been contended that a single state board would meet the requirements of the case in a much simpler and much more efficient fashion. By possibility this fault-finding might lead to unwise action. We have, therefore, thought that it will be well to put on record here, and once for all, certain reasons which seem to us to show that for our purposes the county board system is incomparably superior to the system that has been advocated in stead of it.

In the beginning of the argument we freely admit that many of our county boards are fairly amenable to the charges that have been urged against them, namely, that some of them are not of the highest capacity, and that they have sometimes conferred the privilege of practicing medicine upon unworthy and incompetent persons. Having admitted all this, we must, of course, admit also, that if thoroughness of examination was the only thing we had to consider this could be better accomplished through a single state board. But right here lies the very gist of the whole question. Thoroughness of examination is not the only thing we have to consider. Nay, strange as it may seem, it is not even the principle thing we have to consider. Our great aim is the organization and discipline of the medical profession throughout the state; and the most potent of all the factors we are able to invoke in the accomplishment of this object grows out of the fact that the county medical societies, through their boards of censors, have been made the agents of the state for the administration of the law to regulate the practice of medicine. But for this, more than half the county societies in the state would never have been organized at all. But for this, every effort to organize and discipline the profession of the state would be hopeless. In one word, abolish the county boards of medical examiners and the majority of our county medical societies would promptly fall to pieces. Surely the superior importance of our existing system can have no more thorough-going vindication than this.

For the rest, while our boards have their weaknesses, they have perhaps administered the law quite as rigorously, and quite as efficiently as circumstances and occasions have allowed. Wise men make concessions to circumstances; and the law of expediency is the golden rule of the gospel of common sense. Our examinations in the main are good enough, and our standard of qualifications sufficiently high for the wants and circumstances of our people. The administration of the law is in our own hands, and if it should fail at any time, or in any way, it will be our own fault. Our county boards can not get below the standard of the colleges, because they are allowed to examine none but college graduates. A few years ago we would have thought it a boon almost beyond the limits of hope to get so high as this. Now we have this foundation to build on, and can build just as much higher as wise ambition prompts, or as occasion warrants. We have spoken of a wise ambition, because an ambition not wise may easily overleap itself.

In the elevation of the standard of professional acquirements it is wise to go slow. There are many sections of the state where practitioners of the highest culture and reputation would not find sufficient inducement to settle, and the people of these sections must have doctors. The flexibility of our system enables it to accommodate itself to the changing wants of our people. For while in theory our standard is everywhere the same, it is not everywhere the same in its applications. This flexibility of our system, by many held to be one of its greatest faults, is found to be, when more profoundly considered, one of its special merits.

There is another consideration that is entitled to some weight. There can be no question that service on our board of examiners contributes somewhat to the elevation, professional and personal, of the examiners themselves. It sets them to thinking and reading. It makes them better doctors and better citizens. All unselfish and rightful exercise of authority lifts men up and makes them nobler. It is ennobling to serve the profession. It is ennobling to serve the state. And so, in many ways, the administration of the law to regulate the practice of medicine exercises an elevating and moralizing influence over those engaged in it.

Last of all, it is not enough to have a good medical law; we need also a good medical police all over the state to see that offenders are brought to justice, and that the law is enforced in the courts. And no other machinery could be so efficient to this end as an active board in every county in the state.

For all these reasons, and for others that we do not refer to, it is, in our judgment, neither wise nor desirable to attempt to change our system of county boards of examiners. It is peculiarly and distinctively ours. We have it. Let us keep it; and let us bend all our energies to make the system perfect in all its working details.

THE NECESSITY OF PROMPTNESS.

Our examining boards are the legal guardians of the profession of the state, and of the people of the state, against ignorant practitioners of medicine. They should not allow themselves to be hurried into precipitate and unwise action, but should take ample time for the proper performance of their high functions. At the same time they should not keep applicants waiting for examination month after month, as some of them have done in cases that have come to our knowledge. Neither should an examination once begun be unduly protracted, and allowed to drag along for several months, as has also been done in cases that have come to our knowledge. These delays admit of no excuses. They are standing reproaches to the boards that have allowed them to occur; they tend to bring the law into disrepute; and they involve very grave evils amongst their necessary consequences. Whenever a county board fails in the prompt discharge of its duty it prepares the way for unlicensed physicians to engage in practice in violation of the law. Any doctor who comes into a county for the purpose of practicing his profession has a right to a prompt examination. It is wrong to keep him waiting on expenses and losing time; and in the majority of cases he is not going to wait long. If he can't get an examination he will be sorely tempted to practice without it; and the longer he practices in this illegal way the more he takes root in the community, and the more the board of examiners finds itself embarrassed in any subsequent attempt to enforce the law. No physician should be allowed, upon any pretense whatever, to engage in practice in any of our organized

counties, not even to the extent of one single case, until he has passed a successful examination, received his certificate, and had it duly recorded. If any physician applies for examination, as we have already said, he is entitled to it promptly. If any physician engages in practice without applying for examination he should be promptly stopped in his career of illegal practice. If any considerable delay is allowed to occur, whether with the tacit connivance of the board, or through its negligence, the board, when it finally comes to make the examination, will find itself heavily handicapped, and will be compelled almost to grant the certificate whether the candidate comes up to the required standard or not.

Delays are proverbially dangerous; and delays on the part of our medical boards are so fraught with so many mischievous consequences that we will have to hold up to the severest censure those boards who have been guilty of it. *See Transactions for 1887, pp. 164-5.*

APPLICANTS MUST BE EXAMINED AS FAR AS PRACTICABLE IN THE COUNTIES IN WHICH THEY PROPOSE TO PRACTICE.

It has happened occasionally that persons desiring to practice medicine in Alabama, have not made application to the boards in the counties of their residence, or in the counties in which they have intended to practice, but have preferred to apply to boards in other counties, with the hope that they would have in these other counties to undergo less stringent examinations. Now, while all of our boards should hold the standard so high that nothing would be gained by this sort of dodging, and while most of them do so hold it, this dodging in itself is disreputable and ought to be promptly and firmly rebuked. Already several of our boards have refused to allow themselves to be made use of in this way, and their good example deserves general imitation. It is not always possible for an examining board to know the real purpose of an applicant for examination; and when an applicant in the formal application to any county board states that he desires to practice medicine in said county, it must usually be presumed that he is telling the truth, and he must have the examination. Sometimes, however, circumstances will reveal the applicant's disingenuousness, and in those cases he should be sent about his business without much ceremony.

In the meantime there are cases in which it is perfectly right for applicants to seek examination at the hands of boards in counties where they do not propose to practice. A few cases of actual occurrence will make this matter easy of comprehension.

In 1884 two newly graduated physicians went from their college back home, to Wilcox county, and applied to go before the Wilcox board for examination. But just then the Wilcox board was in a state of quasi disorganization, and could not be got together. Whereupon the young men went to Mobile and got themselves examined by the Mobile board. In this case nobody was to blame except the Wilcox board.

In 1886 a young doctor came to Montgomery to engage in the practice

of medicine. Only one member of the Montgomery board was in the city. There was one vacancy in the board, and two other members were absent on their summer vacations. Whereupon the young man went for examination before the Dallas county board, was passed, and settled in Montgomery. Here all was open and above board, and no blame attaches to anybody.

A few years ago the Calhoun county board began the examination of a doctor. They soon found out that he did not intend to practice in Calhoun county at all, but in Jefferson county. Whereupon the board declined to continue the examination, and told him if he wanted to practice in Birmingham he had better apply to the Jefferson county board. Here the Calhoun county board having begun the examination might, perhaps, just as well have gone on and finished it. They could have made it stringent enough to make the applicant feel that he had gained nothing by dodging. Still they are not greatly to be blamed for the course they pursued.

This present spring a doctor, after practicing for several months in Blount county in violation of the law, went to Cullman county for examination; apparently with the view of practicing in that county. But such was not his intention. He deliberately made a false statement in his application. Of course this could not be certainly known, and he was examined and passed. *See Transactions for 1887, pp. 165-66.*

CHAPTER IV.

THE PUBLIC HEALTH SYSTEM.

SUMMARY OF CONTENTS:

The Health Laws of the State—The Chapter of Health Laws in the Civil Code—An Act to Regulate the Practice of Quarantine in Alabama—An Act to Amend the Quarantine Laws of the State—An Act for the Protection of the Travelling Public Against Accidents Caused by Color Blindness and Defective Vision—An Act for the Regulation of Pharmacy—An Act to Amend the Pharmacy Act—The Code of Ordinances for the Government of the Boards of Health—An Ordinance in Relation to the Committee of Public Health—An Ordinance Creating a Health Officer for the State of Alabama—Quarantine Regulations—The New Quarantine Code—Rules for the Management of Diphtheria—Rules for the Management of Scarlet Fever—Rules for the Management of Typhoid Fever—Rules for the Management of Small Pox—Rules for the Management of Consumption—Observations on the Foregoing Rules—The Transportation of Dead Bodies—Disinfectants Recommended by the State Board—Rules of the State Board of Health under the Color Blind Law—Library and Museum—Commentaries and Explanations—Historical Sketch—The Administration of the Health Laws—The Supervision of the Public Health—The Duty of the County Medical Societies—The Duties of the Committee of Public Health—The Duty of the County Health Officer—The Duties of the Beat Officers—Reports—Instructions for the County Boards of Health—Address to the Courts of County Commissioners—Model of City Health Ordinance.

THE HEALTH LAWS OF THE STATE.

The health laws of the State of Alabama, are contained in Chapter 2, Title 13, Part I of the Alabama Code of 1886, and

in several acts of the general assembly subsequently passed. These laws are here subjoined in their proper order.

CHAPTER OF HEALTH LAWS IN THE CIVIL CODE.

PRESERVATION OF PUBLIC HEALTH ; HOSPITALS ; QUARANTINE ; VITAL STATISTICS.

§ 1260 (1504). *Municipal and county authorities may establish hospitals.*—The corporate authorities of any town or city, and the court of county commissioners, may establish within the town or city, or within the county, hospitals, temporary or permanent, for the reception of the sick or infirm, or of persons suspected to have infectious or contagious diseases, and may make all needful rules and regulations for the control and management thereof. The corporate authorities and the court of county commissioners may unite in the establishment of such hospitals, if deemed expedient, making them common for the use of the town or city and of the county, and in the making of rules and regulations for the control and management thereof.

§ 1261 (1505). *Nuisances to health; strangers with contagious diseases.*—When a health officer makes complaint, on oath, that there is good cause of suspicion or belief, that there is on any lot, or in any house, or vessel within the town, city or county any cause of disease or infection, necessary to be destroyed or removed; or one or more persons, not in his own place of residence, infected with a dangerous, contagious disease, and that he has been refused admittance into such house, lot or vessel, the mayor or intendant, or a justice of the peace of the county in which such lot, house or vessel is may issue his warrant, directed to the sheriff, marshal, constable, or other lawful officer, requiring him to enter such house, lot or vessel, and under the direction of such health officer, to remove such infected person, or to remove or destroy the source of infection or disease.

§ 1262 (1506). *Warrant, how executed; pay for nursing, etc.*—To execute such warrant, any outer or inner door may be forced in the day time; and all expenses incurred in the execution thereof, and for maintaining, nursing and curing any

person removed therefrom, must be paid by such person, or by the owner of the house, lot, or vessel; or if such person or owner is a married woman, by her husband; if a minor, by his parent or guardian; and if not so paid, then by the town, city or county by which they were incurred; the person by whom such expenses should have been paid, being liable to such town, city or county for the amount thereof.

§ 1263 (1503). *Quarantine ground; assent of county commissioners requisite, if without town limits.*—Any town or city may establish a quarantine ground therefor, but if the place fixed upon for that purpose is without the limits of such town or city, the assent of the court of county commissioners of the county in which such place is, must first be obtained.

§ 1264 (1508). *Regulations.*—The corporate authorities of a town or city may, from time to time, prescribe the quarantine to be observed by all vessels arriving within the harbor or vicinity thereof, and regulations therefor, not contrary to law.

§ 1265 (1509). *Regulations extend to persons and goods arriving in, and going on board of vessel.*—Such regulation may extend to all persons, goods and effects arriving in such vessel, and to all persons going on board of the same.

§ 1266 (1510). *Vessels quarantined.*—The health officer of a town, city or county may, under the direction of the corporate authorities, or of the court of county commissioners, cause any vessel arriving therein or in the vicinity, if the vessel or cargo is, in his opinion, so foul or infected as to endanger the public health, to be removed to the quarantine ground, or other proper place, to be purified.

§ 1267 (1511). *Escapes from quarantine.*—If any person ordered to remain in quarantine, escapes, any justice of the peace, on complaint thereof, on oath must issue his warrant to the sheriff, or to a constable, or other lawful officer, to arrest and deliver such person to the custody of the officers of the quarantine; and such person attempting to escape, may be forcibly detained at the place of quarantine by such officer.

§ 1288 (1512). *Travelers by land from infected district may be compelled to remain in quarantine; breach; penalty.* Any person coming into a town, city or county by land, from a place infected with a contagious disease, may be compelled

to perform quarantine by health officer, and restrained from traveling until discharged.

§ 1269 (1513). *Expense of quarantine.*—All expenses incurred by any town, or city, or county, on account of any person, vessel or goods, under quarantine regulations must be reimbursed by such person ; or, in any case of a vessel, or goods, by the owner thereof ; and the vessel or goods may be detained until such expenses are paid.

§ 1270. *Bringing into, or removal within county, persons laboring under disease.*—Persons laboring under pestilential, or infectious disease, must not be taken into a county, or being within the county must not be removed from place to place therein, except under such regulations as may be prescribed by the county board of health.

§ 1271. *Bringing into or removal of within county, body of deceased person.*—The body of a person who has died from a pestilential or infectious disease, must not be brought into a county, or being within the county, must not be removed from place to place therein, except under such regulations as may be prescribed by the county board of health.

§ 1272 (1515). *Authority of court of county commissioners.* The court of county commissioners is invested with the authority conferred upon them as to quarantine, and the establishment of hospitals for persons infected with contagious diseases ; and may make such rules and regulations as are necessary to prevent the introduction or spread of contagious or infectious diseases, and to effect that purpose, may appoint such guards and superintendents as may be deemed necessary.

§ 1273. *Authority of judge of probate.*—The judge of probate, if he deem it necessary, and is supported in his opinion by the certificate of three respectable citizens of the county, one of whom is a licensed physician, has authority to appoint guards and superintendents, and to establish hospitals to prevent the introduction or spread of contagious diseases ; and if he exercise the authority, must, as soon as practicable thereafter, convene the court of county commissioners, and such court may ratify, change, or disaffirm his acts.

§ 1274. *Duty of health officer, or judge of probate of Escambia county.*—It is the duty of the health officer or of the

judge of probate of the county of Escambia, whenever he has good reason to suspect, or believe that yellow fever exists in the county of Escambia, or of Santa Rosa, of the State of Florida, to make to the governor, under oath, a report in writing of the facts.

§ 1275. *Duty of governor.*—It is the duty of the governor to make immediate inquiry into the facts, and if on inquiry there be found reason to suspect or believe that yellow fever exists in either of the counties mentioned in the preceding section, to notify the judge of probate of the county of Escambia.

§ 1276. *Duty of judge of probate.*—On receiving notice from the governor, it is the duty of the judge of probate to proceed at once to the exercise of all the authority with which he is invested by law, to prevent the introduction and spread of contagious or infectious diseases; to appoint such guards, and to establish such hospitals as he may deem necessary.

§ 1277. *Payment of expenses incurred.*—The sum of one thousand dollars, or so much thereof as may be necessary, is appropriated annually to defray such expenses as may be incurred by the judge of probate, in the performance of the duty prescribed in the preceding section; and for such expenses the judge of probate must draw his order on the auditor, in favor of the person to whom payment is due; and if such order is approved by the governor, the auditor must draw his warrant on the treasurer for the payment thereof.

§ 1278 (1536). *State board of health.*—The Medical Association of the State of Alabama, organized in accordance with the provisions of the constitution adopted at the annual meeting of the Association, held at Tuscaloosa, in March, 1873, is constituted the state board of health.

§ 1279 (1537). *Duties of state board of health.*—The state board of health must exercise a general superintendence and control over the county boards of health; must prescribe rules and regulations for the conduct of such boards, and must declare their duties; and must place themselves in communication with hospitals, asylums, and other like public institutions in the state, and must take cognizance of the interests of health and life among the people generally; must investigate the

causes and means of prevention of endemic and epidemic diseases; must investigate the influences of localities and employments upon the public health; and must act as an advisory board to the state in all hygienic and medical matters.

§ 1280 (1538). *Report annually to the governor.*—The state board of health must, annually, make to the governor a report of their investigations and transactions during the preceding year, and the governor must cause such number of copies of such reports to be printed for distribution as he may deem necessary; in such report or reports, the board must make such suggestions as to legislative action as they deem advisable.

§ 1281 (1539). *County boards of health.*—The county medical societies in affiliation with the Medical Association of the State of Alabama, and organized in accordance with the provisions of the constitution, are constituted boards of health for their respective counties, and are under the general superintendence and control of the state board of health.

§ 1282. *Duties of county boards of health.*—It is the duty of the county boards of health—

1. To supervise the administration of the health laws of the state in the county, and especially the regulations made for the protection of the public health and for the collection of vital statistics.

2. To examine as far as practicable into all cases of malignant, pestilential, infectious, epidemic and endemic diseases occurring in the county, and the cause thereof, and to take such steps as may be necessary for their abatement and prevention.

3. To examine into all such nuisances as tend to endanger public health, and to take such steps as may be necessary for their abatement and prevention.

4. To exercise a general superintendence over the sanitary regulations or the public institutions situate in the county, including hospitals, asylums, work houses, prisons, markets and public schools.

5. To supervise and regulate all matters pertaining to quarantine, quarantine physicians, the examination, detention and disinfection of vessels, railroad cars and other vehicles employed in the transportation of persons or freights; and for the examination and detention of all persons coming into the

county, infected or suspected of being infected with contagious or infectious diseases, and of all persons, vessels, railroad cars, or other vehicles or freights coming from places against which quarantine has been proclaimed.

6. To appoint a health officer for the county, and to do and perform such other duties as are or may be required of them by law.

§ 1283. *Report of county board.*—The county board of health must make to the board of county commissioners, or to the board of revenue and to the state board of health, during the month of January of each year, a full and complete annual report of all the sanitary work done in the county during the preceding year by them or under their orders, which must contain all the vital and sanitary statistics of the county, together with such other information, suggestions and recommendations in regard to the public health as they may deem advisable, or may be from time to time required by the board of county commissioners, or board of revenue, or by the state board of health.

§ 1284. *County, city or town may invest county board of health with powers.*—The court of county commissioners, or the proper corporate authorities of any city or town, may jointly or separately invest the county board of health with such executive powers and duties as may be deemed necessary for the preservation and promotion of the public health, and for the prevention of the introduction or spread of contagious or infectious diseases; such powers to be exercised, and such duties to be performed under such rules and regulations as may be determined upon between such board and such court, as corporate authorities.

§ 1285 (1542). *Sanitary regulations; expenses.*—In the exercise of such powers, and performance of such duties, in the administration of all sanitary regulations, the appointment of officers or servants is reserved exclusively to the board of health; but the matters of expenditures is reserved exclusively to the court of county commissioners, or to the proper authorities of the town or city.

§ 1286 (1543). *No other local boards than county boards of health to be established.*—No local board of health, or executive

medical body of any name or kind, for the exercise of public health functions, other than the county board of health, must be established in any county, town, or city.

§ 1287. *Health officers of county.*—The county board of health must elect a health officer of the county, and fix the term of his office; such officer to be removable at the pleasure of the board.

§ 1288. *Bond; salary of health officer.*—The health officer must enter into bond with sufficient sureties, payable to the judge of probate of the county, in a sum equal to twice the amount of his annual salary, with condition for the faithful performance of all such duties as are, or may be required of him by law; his salary shall be fixed by the court of county commissioners, or board of revenue, and must be paid annually from the county treasury on the warrant of the judge of probate, or clerk or secretary of the board of revenue.

§ 1289. *Duties of health officer.*—It is the duty of the health officer—

1. To keep, under such regulations as may be prescribed by the county board of health, a book to be styled "Register of Births," in which he must register all births occurring in the county, reported to him, specifying so far as reported, the sex and color of the child, the date of birth, the name or names of the parent or parents, with such other details as he may be required to enter; also a book to be styled "Register of Deaths," in which he must register all deaths occurring in the county reported to him, specifying the date, cause and place of death, the name, age, sex, and color of the deceased person, with such other details as he may be required to enter. Also a book to be styled "Register of Infectious Diseases," in which he must register all cases of pestilential or infectious diseases occurring in the county reported to him, with such other details as he may be required to enter.

2. Under the direction and control of the county board of health, and in accordance with the health laws of the state, to exercise a general supervision over the sanitary interests of the county, and if discovering any cause of disease, or the existence of anything detrimental to the public health, to compel the removal thereof, so far as he is authorized by law; and if

he have not authority of law to compel such removal, to make report to the county board of health of the particular facts, with such suggestions as to special action, as he may deem advisable.

3. To make diligent inquiry into all cases of pestilential or infectious disease occurring in the county, coming to his knowledge, or of which he is informed, reporting the facts thereof to the county board of health, and employing all such means as he has authority to employ to prevent the spread of such disease.

4. To obtain from time to time, at the expense of the county, necessary supplies of reliable vaccine matter, which, without charge, he must, on application, furnish to the practicing physicians of the county; and when prepared, to vaccinate, without charge, all indigent persons of the county applying at his office.

5. To discharge such other executive health functions as are or may be required of him by the county board of health.

6. To make to the county board of health such reports of his official transactions as they may require.

§ 1290. *Assistant health officers.*—The county board of health shall also appoint such assistant health officers, and in such numbers, and distributed in such way through the county as to them the public convenience may seem to require. These assistant health officers shall keep, severally, registers of births, registers of deaths, and registers of infectious diseases of the same character as those required to be kept by the county health officers. Physicians, midwives, and other citizens may report births, deaths, and cases of pestilential or infectious diseases to an assistant health officer, instead of the county health officer, whenever they find it more convenient to do so. The same regulations that may apply, from time to time, to reports made to the county health officers, shall also apply to reports made to an assistant health officer. An assistant health officer must make such reports of the births, the deaths, and the cases of pestilential or infectious diseases, registered by him, as the county board of health may from time to time prescribe; and must serve without compensation, and

may be at any time summarily removed by the county board of health.

§ 1291. *Report of births.*—It is the duty of physician, midwife, or other person attending any case of midwifery, or child birth, within such time as may be fixed by the county board of health, to make to the county health officer a full report of such case, specifying so far as known, the name or names of the parent or parents, their race and place of birth, the date of the birth, the sex and color of the child, with such other details as may be prescribed by the county board of health.

§ 1292. *Report of infectious diseases.*—It is the duty of every physician, attending or treating any case of pestilential or infectious disease, within such time as may be prescribed by the county board of health, to make a full report thereof to the county health officer, specifying the name of the patient, the locality within which such patient was, or may be found, the character of the disease, and such other details as are or may be prescribed by the county board of health. If a case of pestilential or infectious disease, not attended or treated by a physician, should occur, it is the duty of the head of the family in which it occurs, or of the person on whose premises it occurs, to make a like report thereof to the county health officer.

§ 1293. *Certificate of death.*—The county health officer must supervise all certificates of death, requiring them to conform to the rules of the county board of health; and must make such certificate, if otherwise a proper certificate cannot be obtained, notifying the coroner of all cases in which his intervention is necessary.

§ 1294. *Report of death.*—It is the duty of a physician, or midwife, or other person, having at the time of death, charge of a sick person, to make to the county health officer, within such time as may be fixed by the county board of health, a full report of such death, specifying the name, age, sex, color, date, place, and cause of death, with such details as may be prescribed by the county board of health.

§ 1295. *Annual appropriation to state medical association.* For the purpose of carrying into execution the health laws,

there is appropriated to "The Medical Association of the State of Alabama," annually, the sum of three thousand dollars, to be expended under its direction, and to be on the warrants of the auditor on the treasurer, on the requisition of the president of the association; and the association must render to the governor annually, an itemized account of the expenditure of such appropriation.

AN ACT TO REGULATE THE PRACTICE OF QUARANTINE IN
ALABAMA.

SECTION 1. *Be it enacted by the general assembly of Alabama,* The governor, on recommendation of the state board of health, or whenever he deems it necessary for the protection of the health of the people of this state, or any portion thereof, may proclaim, declare, establish and conduct, through the state board of health, and enforce such quarantine measures not inconsistent with the constitution of the State or United States and laws thereof, as to him may seem expedient, and the state board of health, under the direction and control of the governor, may take such preliminary steps, and make such investigations as may be deemed necessary to guard the health of the people.

SEC. 2. *Be it further enacted,* That nothing in this act shall be so construed as to prevent the establishment and enforcement by county and municipal authorities, of local quarantines as provided for by law.

SEC. 3. *Be it further enacted,* That the sum of \$5,000, or so much thereof as may be necessary, is hereby annually appropriated out of any sums not otherwise appropriated, to defray the expenses that may arise under the operation of this act, the said appropriation to be paid by the state auditor on the order of the presiding officer of the said state board of health, approved by the governor, and the said state board of health shall annually make to the governor of the state a report by items of all expenditures incurred under this act.

SEC. 4. *Be it further enacted,* That all laws and parts of laws in conflict with the provisions of this act be and are hereby repealed, and that this act shall take effect from and after its passage.

Approved February 28, 1887.

AN ACT TO AMEND THE QUARANTINE LAWS OF THE STATE.

Be it enacted by the general assembly of Alabama, That the state health officer, under the direction and control and under the rules and regulations of the state board of health, by and with the consent and concurrence of the municipal authorities and the county health officer, shall have the power, and it shall be his duty, to modify the restrictions of all quarantines established by county and municipal authorities in this state; to make them more stringent whenever in his judgment they are not sufficient for the protection of the people, and to lessen their stringency whenever in his judgment they interfere with travel and traffic to an extent beyond what is necessary for the said protection.

AN ACT FOR THE PROTECTION OF THE TRAVELING PUBLIC
AGAINST ACCIDENTS CAUSED BY COLOR BLINDNESS
AND DEFECTIVE VISION.

SECTION 1. *Be it enacted by the general assembly of Alabama,* That all persons affected with color blindness and loss of visual power, one or both, to the extent to be defined in accordance with the requirements of this act, shall be and they are hereby disqualified from serving on railroad lines within this state, in the capacity of locomotive engineer, fireman, train conductor, brakeman, station agent, switchman, flagman, gate-tender or signal man, or in any other position which requires the use or discrimination of form or color signals.

SEC. 2. *Be it further enacted,* That any person who shall serve in any of the capacities mentioned in section one of this act without first having obtained a certificate of fitness for his position in accordance with the provisions of this act, shall be guilty of a misdemeanor, and on conviction thereof before any court of competent jurisdiction shall be fined not less than \$10 nor more than \$50 for each and every offense.

SEC. 3. *Be it further enacted,* That on or after the first day of June, 1887, examinations and re-examinations, at the expense of the railroad companies, shall be required under this law, and any railroad company, officer or agent of the same, employing after said date a person in any of the capacities

specified in section one of this act, who does not possess a certificate of fitness therefor, in so far as color blindness and visual powers are concerned, duly issued in accordance with the requirements of this act, shall be guilty of a misdemeanor, and for each and every offense shall be punished by a fine of not less than fifty nor more than five hundred dollars ; provided, that those persons already in employment in said capacities on the first day of June, 1887, shall be allowed until the first day of August, 1887, in which to procure the necessary certificates.

SEC. 4. *Be it further enacted*, That it shall be the duty of the state board of health to supervise the administration of this law, to prescribe the methods in which such examinations shall be made, the forms of certificates to be issued, of records to be kept, and of reports to be made by the examiners, and such other rules and regulations as shall from time to time by said board be deemed necessary. It shall further be the duty of the governor to appoint as examiners a suitable number of properly qualified medical men for carrying this law into effect, and to so distribute them through the state as to best subserve the convenience of all parties concerned, and it shall be the duty of the governor to appoint with as little delay as possible the persons so recommended ; provided, that the appointment of any of these examiners may at any time, upon good and sufficient reasons being assigned by the state board of health, be revoked by the governor.

SEC. 5. *Be it further enacted*, That any one of the examiners is hereby authorized to make the examination and issue the certificates required by this act, and for each and every such examination he shall be entitled to a fee of \$3, but in the event that a certificate of fitness for the specified duty is refused, the person so refused may demand a second examination by the same examiner before an appeal board, to be composed of three physicians, to be appointed by the president of the state board of health, the fee of \$3 for this examination to be divided among the members of the appeal board, and the decision of this board to be final.

SEC. 6. *Be it further enacted*, That the following rules shall govern the actions of the examiners ; provided, that the state board of health may from time to time make such altera-

tion in or additions to these rules and requirements as they may deem just and proper: Rule 1. All railroad employees requiring examination under this act shall be divided into two classes; class first shall include engineers, firemen and brakemen; class second shall include train conductors, station agents, switchmen, flagmen, gate-tenders, signal men and all others whose duties require them to use or distinguish form or color signals. Rule 2. Certificates shall be given for each class in accordance with the following directions for examinations: Promotion from one class to the other requires re-examination and certificate. Rule 3. Re-examinations shall be made once every five years, and also under the following conditions, viz: After any serious disease of the eyes, after all injuries affecting the head or eyes, after any disease of the brain, after every long continued illness, as typhoid fever, after mistakes or acts which call in question the visual powers either of form or color, and whenever a majority of the board may deem it necessary and so direct. Rule 4. The following shall be the requirements for the certificates in the first class: 1. Healthy eyes and eye-lids without habitual congestion or inflammation. 2. Unobstructed field of vision. 3. Normal visual acuteness and refraction. 4. Freedom from color blindness. 5. Absence of cataract. Rule 5. The second class shall have: 1. Healthy eyes and eye-lids without habitual congestion or inflammation. 2. Unobstructed visual field. 3. Visual acuteness at least equal to three-fifths without eye-glasses, and normal with glasses. 4. Freedom from color blindness in one eye and color perception at least equal to three-fourths in the other eye. Rule 6. After an employe has held his position for five years or more, the standard required in each class may be determined by special action of the examining board.

SEC. 7. *Be it further enacted*, This act shall be in force from and after June 1, 1887.

Approved February 28, 1887.

AN ACT TO REGULATE THE PRACTICE OF PHARMACY IN THE
STATE OF ALABAMA.

SECTION 1. *Be it enacted by the general assembly of Alabama*, That from and after the passage of this act, it shall be

unlawful for any person not a registered pharmacist, within the meaning of this act, to conduct any pharmacy, drug store, apothecary shop, or store, located in any village, town or city in the state of Alabama, of more than 1,000 inhabitants, or within two miles of any incorporated city or town of more than 1,000 inhabitants, for the purpose of retailing, compounding or dispensing medicines or poisons for medicinal use, except as hereinafter provided.

SEC. 2. *Be it further enacted*, That it shall be unlawful for the proprietor of any store or pharmacy in any village, town, or city in the state of Alabama, of more than 1,000 inhabitants, or within two miles of any incorporated city or town of more than 1,000 inhabitants, to allow any person except a registered pharmacist, to compound or dispense the prescriptions of physicians, or to retail or dispense poisons for medical use, except as an aid to, and under the supervision of a registered pharmacist. Any person violating the provisions of this section, shall be deemed guilty of a misdemeanor, and, on conviction, shall be liable to a fine of not less than \$25 nor more than \$100 for each and every offense.

SEC. 3. *Be it further enacted*, That the governor shall appoint three persons from among the most prominent pharmacists of the state, all of whom shall have been residents of the state for five years, and of at least five years practical experience in their profession, who shall be known and styled "Board of Pharmacy for the State of Alabama," one of whom shall hold his office for one year, one for two years, and one for three years, and each until his successor shall be appointed and qualified; and each year thereafter another commissioner shall be so appointed for three years and until a successor is appointed and qualified. If a vacancy occur in said board, another shall be appointed as aforesaid to fill the unexpired term thereof. Said board shall have power to make by-laws and all necessary regulations, and create auxiliary boards if necessary for the proper fulfillment of their duties under this act, without expense to the state.

SEC. 4. *Be it further enacted*, That the board of pharmacy shall register in a suitable book, the names and places of residence of all persons to whom they issue certificates, and dates

thereof. It shall be the duty of said board of pharmacy to register, without examination, as registered pharmacists, all pharmacists and druggists who are engaged in business in the state of Alabama at the passage of this act, as owners or principals of stores or pharmacies in any village, town or city of more than one thousand inhabitants, for selling at retail, compounding or dispensing drugs, medicines or chemicals, for medicinal use or for compounding or dispensing physician's prescriptions, and all assistant pharmacists eighteen years of age, engaged in said stores or pharmacies in any village, town or city of more than one thousand inhabitants in the state of Alabama, at the passage of this act, and who have been engaged as such in some store or pharmacy where physicians' prescriptions were compounded and dispensed; *Provided, however,* that in case of failure or neglect on the part of any person or persons to apply for registration within sixty days after they shall have been notified by said board of pharmacy for the state of Alabama, they shall undergo an examination as is provided for in section five of this act.

SEC. 5. *Be it further enacted,* That the said board of pharmacy shall, upon application and at such time and place, and in such manner as they may determine either by schedule of questions to be answered and subscribed to under oath, or orally examine each and every person who shall desire to conduct the business of selling at retail, compounding or dispensing drugs, medicines or chemicals for medicinal use, or compounding or dispensing physicians' prescriptions, as pharmacists, and if a majority of said board shall be satisfied that said person is competent and fully qualified to conduct said business of compounding or dispensing drugs, medicines or chemicals for medicinal use, or to compound and dispense physicians' prescriptions, they shall enter the name of such person as a registered pharmacist in a book provided for in section four of this act; and that all graduates in pharmacy that require a practical experience in pharmacy of not less than four years before granting a diploma, shall be entitled to have their names registered by said board without examination; *Provided, however,* that this act shall not be so construed as to prevent any physician who is authorized to practice medicine

or surgery under the laws of this state from registering as a pharmacist or druggist without examination; *Provided*, that any person or persons, not a pharmacist or druggist, may open and conduct such store, if he or they keep constantly in their employ a registered pharmacist or druggist; but shall not himself or themselves sell or dispense drugs and medicines except proprietary and patent medicines in original packages.

SEC. 6. *Be it further enacted*, That the board of pharmacy shall be entitled to demand and receive of each person whom they register and furnish a certificate as a registered pharmacist without examination, the sum of \$2, and for each and every person that they examine orally, or whose answers to a schedule of questions are returned, subscribed to under oath; the sum of \$3, which shall be in full for all services; and in case the examination of said person shall prove defective and unsatisfactory, and his name not be registered, he shall be permitted to present himself for examination within any period not exceeding twelve months thereafter, and no charge shall be made for such examination.

SEC. 7. *Be it further enacted*, That every registered pharmacist, apothecary and owner of any store, shall be held responsible for the quality of all drugs, chemicals or medicines he may sell or dispense, with the exception of those sold in original packages of the manufacturer, and also those known as proprietary and patent medicines, and should he knowingly intermingle and fraudulently adulterate, or cause to be adulterated, such drugs, chemicals or medical preparations, he shall be deemed guilty of a misdemeanor, and upon conviction thereof, be liable to a penalty not exceeding \$100, and in addition thereto his name shall be stricken from the register.

SEC. 8. *Be it further enacted*, That it shall be unlawful for any person from and after the passage of this act, to retail any poisons enumerated below: Arsenic and its preparations, corrosive sublimate, white and red precipitate, biniodide of mercury, cyanide potassium, hydrocyanic acid, strychnia, and all other poisonous vegetable alkaloids, and their salts, and the essential oil of almonds, opium and its preparations, except paregoric and other preparations of opium containing less than two grains to the ounce; aconite, belladonna, colchicum, conium,

nux vomica, henbane, savin, ergot, cotton root, cantharides, creosote, veratrum, digitalis, and their pharmaceutical preparations, croton oil, chloroform, chloral hydrate, sulphate of zinc, mineral acids, carbolic and oxalic acids, without labelling the box, vessel or paper in which said poison is contained, with the name of the article, the word poison, and the name and place of business of the seller. Nor shall it be lawful for any person to deliver or sell any poisons enumerated above unless upon due inquiry it be found that the purchaser is aware of its poisonous character and represents that it is to be used for a legitimate purpose. The provisions of this section shall not apply to the dispensing of poisons in not unusual quantities or doses upon the prescriptions of practitioners of medicine. Any violation of this section shall make the principal of said store liable to a fine of not less than \$10 nor more than \$100. *Provided, however,* that this section shall not apply to manufacturers making and selling at wholesale any of the above poisons, and provided that each box, vessel or paper in which said poison is contained shall be labeled with the name of the article, the word "poison," and the name and place of business of the seller.

SEC. 9. *Be it further enacted,* That any itinerant vender of any drug, poison, ointment or appliance of any kind intended for treatment of any disease or injury, who shall, by writing or printing, or any other method, publicly profess to cure or treat disease or injury or deformity by any drug, nostrum or manipulation or other expedient, shall pay a license of \$100 per annum to the state, to be paid in the manner for obtaining public license, or according to the usual laws in force for that purpose.

SEC. 10. *Be it further enacted,* That any person who shall procure or attempt to procure registration for himself or for another, under this act, by making or causing to be made, false representations, shall be deemed guilty of a misdemeanor, and shall, upon conviction thereof, be liable to a penalty of not less than \$25, nor more than \$100; and the name of the person so falsely registered, shall be stricken from the register. Any person, not a registered pharmacist as provided for in this act, who shall conduct such a store, pharmacy, or place for retailing, compounding or dispensing drugs, medicines, or

chemicals, for medicinal use, or for compounding, or dispensing physician's prescriptions, or who shall take, use or exhibit the title of registered pharmacist, shall be guilty of a misdemeanor, and upon conviction thereof, shall be liable to a penalty of not less than \$100.

SEC. 11. This act shall not apply to physicians putting up their own prescriptions, nor to the sale of proprietary medicines.

SEC. 12. *Be it further enacted*, That it shall be the duty of every registered pharmacist to conspicuously post his certificate of registration in his place of business. Any person who shall fail to comply with all the provisions of this section shall be liable to a fine of \$5 for each calendar month during which he is delinquent.

SEC. 13. The sum of \$500 per year, or as much thereof as may be found necessary, is hereby appropriated out of the money so received for license for the expense of said board of pharmacy ; all surplus over and above said amount to be divided as follows: One-half to the pharmaceutical association, the remainder to be paid into the state treasury.

SEC. 14. All suits for the recovery of the several penalties prescribed in this act shall be presented in the name of the state of Alabama in any court having jurisdiction, and it shall be the duty of the state's attorney of the county wherein such offense is committed to present all persons violating the provisions of this act upon proper complaint being made.

SEC. 15. *Be it further enacted*, That all laws and parts of laws in conflict with the provisions of this act be and the same are hereby repealed.

Approved February 28, 1887.

AN ACT TO AMEND THE PHARMACY LAW.

SECTION 1. *Be it enacted by the General Assembly of Alabama*, That section one of an act entitled an act to regulate the practice of pharmacy and the sale of poisons in cities and towns of more than one thousand inhabitants in the state of Alabama, be amended so as to read as follows: Section one. *Be it enacted by the General Assembly of Alabama*, That

from and after the passage of this act, it shall be unlawful for any person, not a registered pharmacist, within the meaning of this act, to conduct any pharmacy, drug store, apothecary shop, or store located in any village, town or city in the State of Alabama, of more than nine hundred inhabitants, or within two miles of any incorporated city or town of more than nine hundred inhabitants, for the purpose of retailing, compounding or dispensing medicines or poisons for medical use, except as hereinafter provided.

SEC. 2. *Be it further enacted*, That section two of an act entitled an act to regulate the practice of pharmacy and the sale of poisons in cities and towns of more than one thousand inhabitants in the state of Alabama, be amended so as to read as follows: Sec. 2. *Be it further enacted*, That it shall be unlawful for the proprietor of any store or pharmacy in any village, town or city in the state of Alabama, of more than nine hundred inhabitants, or within two miles of any incorporated city or town of more than nine hundred inhabitants, to allow any person except a registered pharmacist to compound or dispense the prescriptions of physicians, or to retail or dispense poisons and medicines for medical use, except as an aid to, and under the supervisions of a registered pharmacist. Any person violating the provisions of this section, shall be deemed guilty of a misdemeanor, and on conviction shall be liable to a fine of not less than twenty-five dollars nor more than one hundred dollars for each and every offense.

SEC. 3. *Be it further enacted*, That section 11 of an act entitled an act to regulate the practice of pharmacy and the sale of poisons in cities and towns of more than one thousand inhabitants in the State of Alabama, be amended so as to read as follows: Section 11. *Be it further enacted*, That this act shall not apply to physicians putting up their own prescriptions.

Approved February 25, 1889.

THE ARTICLE FROM THE CRIMINAL CODE PRESCRIBING THE
PENALTIES.

4080. *Failure of head of family to report pestilential or infectious disease.*—Any head of a family or any other person,

upon whose premises a case of pestilential or infectious disease occurs, which is not under the charge of a physician, who refuses or wilfully fails to report the same to the county health officer, must on conviction, be fined not less than five nor more than twenty-five dollars.

4081. *Failure of midwife to report birth.*—Any midwife attending a child-birth, who refuses or wilfully fails to make to the county health officer, within the time prescribed by the county board of health, a full report, specifying the name of the parents, if known, the date of the birth and the sex and color of the child, with such other details as are required by the board of health, must, on conviction, be fined not less than five, nor more than twenty-five dollars.

4082. *Failure of midwife to report death.*—Any midwife having charge of a patient at the time of death, who refuses or wilfully fails to make to the county health officer, within such time as may be prescribed by the county board of health, a full report of the name, age, sex, color, date, place, and cause of the death of such patient, so far as known, together with such other details as may be required by the county board of health, must, on conviction, be fined not less than five, nor more than twenty-five dollars.

4083. *Failure of physician to report pestilential or infectious diseases.*—Any physician, or person practicing medicine, being called upon to treat a case of pestilential or infectious disease in the limits of the county, who refuses or wilfully fails to make to the county health officer, within such time as may be prescribed by the county board of health, a full report of the same, specifying the character of the disease, the name and locality of the patient, together with such other details as may be required by the county board of health, must, on conviction, be fined not less than ten, nor more than fifty dollars.

4084. *Failure of physician to report birth.*—Any physician, or person practicing medicine or surgery, attending a child-birth, who refuses or wilfully fails to make to the county health officer, within the time prescribed by the county board of health, a full report, specifying the name of the parents, if known, the date of birth, and the sex and color of the child,

with such other details as are required by the board of health, must, on conviction, be fined not less than ten, nor more than fifty dollars.

4085. *Failure of physician to report death.*—Any physician, or person practicing medicine or surgery, having charge of a patient at the time of death, who refuses or wilfully fails to make to the county health officer, within such time as may be prescribed by the county board of health, a full report of the name, age, sex, color, date, place, and cause of the death of such patient, so far as is known, together with such other details as may be required by the county board of health, must, on conviction, be fined not less than ten, nor more than fifty dollars.

4086. *Failure of health officer, etc., of Escambia county to report yellow fever in Florida.*—If the health officer or probate judge of the county of Escambia has good cause of suspicion or belief that yellow fever exists in either of the counties of Santa Rosa or Escambia, in the State of Florida, and fails to report the same to the governor of this state, he must, on conviction, be fined not less than five hundred dollars.

4087. *Failure of judge of probate to act upon notice from governor.*—If the judge of probate of Escambia county, upon being notified by the governor of this state that there is good cause for suspicion or belief that yellow fever exists in either or both of the counties of Santa Rosa or Escambia, in the State of Florida, fails to take such steps as he is by law authorized to take to prevent the introduction or spread of contagious or infectious diseases, or to establish such hospitals, or to appoint such guards, as are necessary and suitable for that purpose, must, on conviction, be fined not less than five hundred dollars.

4088 (4223). *Penalty for violation of quarantine regulations of ships and vessels.*—Any person who violates the regulations prescribed by the corporate authorities of any town or city, or by the court of county commissioners of any county in relation to vessels arriving in the harbor, or in the vicinity of such town or city, after notice thereof has been given for five days in some newspaper printed in such town or city, or when

there is none, by notice posted up at some public place therein for the same length of time, must, on conviction, be fined not less than fifty dollars.

4089 (4224). *Refusal of information to health officer; penalty.*—Any master, seaman, or passenger, belonging to any vessel supposed to have any infection on board, or from a port where any dangerous infectious disease prevails, who refuses to answer on oath such inquiries as are made by any health officer relating to any infectious disease, must, on conviction, be fined not less than one hundred dollars.

4090 (4225). *Breach of quarantine; penalty.*—The master of any vessel, ordered to perform quarantine, must deliver to the officer appointed to see it performed his bill of health, and manifest, log book and journal; if he fails so to do, or to repair, in proper time after notice, to the quarantine ground, or departs thence without authority, he must, on conviction, be fined not less than two hundred dollars.

4091 (4226). *Travelers from infected districts compelled to perform quarantine; breach and penalty.*—Any person, coming into a city or town by land from a place infected with a contagious disease, may be compelled to perform quarantine by the health officer, and restrained, traveling until discharged; and any person thus restrained from traveling before he is discharged, must, on conviction, be fined not less than one hundred dollars.

4092 (4227). *Disposition of fines.*—All fines recovered under the three preceding sections must be paid into the city or town treasury.

THE CODE OF ORDINANCES FOR THE GOVERNMENT OF THE BOARDS OF HEALTH.

AN ORDINANCE IN RELATION TO THE COMMITTEE OF PUBLIC HEALTH.

1. *Be it ordained by the Medical Association of the State of Alabama,* That the board of censors of the Medical Association of the State of Alabama, be and is hereby constituted the committee of public health of the state of Alabama.

2. *Be it further ordained*, That the committee of public health shall be the supervisory and immediately responsible agents of the Association in the discharge of its functions as the board of health of the State.

3. *Be it further ordained*, That the committee of public health shall act as a general committee of reference in all matters relating to the sanitary interests of the state, and this both during the sessions and during the intervals between the sessions of the Association.

4. *Be it further ordained*, That the committee of public health shall prepare for the consideration of the Association such plans and suggestions as from time to time may seem to them expedient and proper.

AN ORDINANCE CREATING A HEALTH OFFICER FOR THE STATE OF ALABAMA.

Be it ordained by the Medical Association of the State of Alabama (1), That this Association, acting in the capacity of the board of health of the state of Alabama, hereby authorizes the election, from time to time as occasion may require, of an executive health officer to be entitled the health officer of the state of Alabama.

(2.) That the said health officer shall be elected by the committee of public health of this Association ; that his term of service shall be for five years ; and that he shall be paid out of the annual appropriation made to the state board of health to carry into effect the health laws of the state such annual salary as the committee of public health may from time to time determine.

(3.) That it shall be the duty of the said health officer to keep the books and papers, and to conduct the correspondence of the state board of health ; to give such assistance in the organization of the county boards, and in the conduct of their subsequent operations, as may be ordered by the state board of health ; to obtain from the county boards of health, and from other available sources, the fullest possible reports in regard to the diseases of the several counties, and of the causes in which such diseases originate ; to prepare, under the direction of the state board of health, an annual report upon the vital

and mortuary statistics and the sanitary condition of the state ; and to make such special investigations of endemic and of epidemic diseases, and of other problems in sanitary science as may be ordered by the state board of health.

(4.) That the said health officer shall be the general executive officer of the state board of health ; that in the intervals between the annual sessions of the Association he shall be under the orders of the committee of public health of the Association ; and that he may be at any time removed from office by the said committee of public health for incompetence, or malfeasance in office, or other sufficient cause.

Done in annual session in the city of Selma, April 11th, Anno Domini, one thousand eight hundred and seventy-nine.

QUARANTINE REGULATIONS.

The policy of the state board of health in regard to national quarantine, adopted and published in 1880, is reaffirmed without change.

THE MEMORIAL OF THE BOARD OF HEALTH OF THE STATE OF ALABAMA.

*To the Honorable the Senate and the House of Representatives
of the Congress of the United States of America :*

The board of health of the state of Alabama, having duly considered the scope and tendency of the several bills now pending in the congress of the United States, "To increase the efficiency of the National Board of Health," have reached, in reference to the same, the following general conclusions, namely :

(1) That it is the duty as well as the privilege of every community, as well as of every individual, to take care of itself to the full extent of its ability to do so, and, amongst other things, to protect itself against the invasion of epidemic diseases.

(2) That the practical questions involved in the establishment and management of quarantines, are of such grave importance, and affect so intimately and so profoundly the material interests of the state, and of the local communities within the state, as to make it neither wise nor prudent for us to intrust the administration of quarantine to the hands of

any other health authorities than those who are of our own appointment and directly responsible to our own people.

(3) That while the several bills now pending in the national congress "to increase the efficiency of the national board of health," do not interfere with the right of the state and local authorities to proclaim and enforce such quarantine regulations, in addition to those of the national board, as to them may seem advisable, they are still open to objection from the fact that they give to the national board the power to establish and administer quarantines within the limits of the state against all commerce and travel, of which one of the terminal points lies outside of the state, and this without the consent of the local authorities, and even without consultation with them.

(4) That it seems to us to be a proposition clearly self-evident to all persons of competent judgment in questions of this kind, that the state can not afford to allow this large grant of power, so nearly affecting the welfare of our people, to be placed in the hands of the national board of health, or of any other agent of the federal government, without making earnest efforts to prevent it.

(5) That without entering into the discussion of the principles and circumstances under which it may become advisable for the general government to extend to state and municipal authorities pecuniary and other assistance towards the establishment and maintenance of quarantines, it still seems perfectly clear to us that the proclamation and administration of quarantines should, in all cases, be reserved to the state and municipal authorities.

(6) That it also seems to us to be true, beyond all reasonable question, that no uniform system of quarantine regulations, suitable to all times and places, can possibly be devised; but *per contra*, that the quarantine regulations that are applicable to one place will often prove entirely unsuited to the wants of another place; and that in different seasons even the same place will require widely different regulations.

(7) That it is the circumstantial details of quarantines that present the practically difficult and important problems of quarantine administration; and that these can not be wisely

ordered nor wisely managed except by experts, who are intimately acquainted with local and surrounding conditions.

(8) That these propositions being admitted, it follows that the rule established last year by the national board of health, to the effect that assistance should be extended only to such state and municipal boards as had first adopted the national rules and regulations, is very gravely objectionable, both in principle and practice, and ought not to be continued.

(9) That the only wise and expedient rule in this regard is this, namely: That such state and municipal boards as desire the assistance of the national board, should be required to submit their own local regulations to the national board for examination, and that if these are found by the national board to be of reasonable thoroughness and sufficiency, the needed assistance should then be granted.

(10) That the national board ought, properly, to have the general direction and control of quarantines against foreign countries; but that even these international quarantines could be most wisely and efficiently administered through the agency of the state and municipal boards having local jurisdiction over our seaport cities.

(11) That we are in no sense antagonistic to the national board; but contrariwise, appreciate very fully that it has for the exercise of its legitimate functions a wide and important field of usefulness, within which the state and municipal boards have no jurisdiction, and this without emasculating and weakening the state and municipal boards, and without absorbing directly or indirectly their most important functions.

(12) That holding these opinions, we should very much regret to see the power and usefulness of the national board, in its own proper field of action, diminished or destroyed by the withholding of the appropriations for which it has made application, and which are indubitably necessary for the successful continuance of the scientific investigations, sanitary surveys, and other works of sanitary administration and research which it has auspiciously begun.

All of which is respectfully submitted, in the name and behalf of the board of health of the State of Alabama.

Done in the city of Montgomery, on the 10th day of May, Anno Domini, 1880.

QUARANTINE RULES FOR THE GULF STATES.

The three following sections; (2) On maritime quarantine; (3) On interstate quarantine; (4) On the diagnosis of yellow fever, were adopted by the conference of state boards of health, in New Orleans in 1884, and constitute the recognized rules of the health authorities of the states of Alabama, Mississippi, Florida, Louisiana, Texas and Tennessee. They are here reaffirmed without change.

MARITIME QUARANTINE.

On the questions that have been submitted to your committee, we beg leave to make the following report:

1. Can an effective quarantine be enforced along the Gulf coast?

It is the opinion of your committee that this and the second question of the series are best answered in the ideal plan suggested by the president of the Louisiana State Board of Health in his address on quarantine improvement, as follows:

2. How to enforce quarantine so as to produce the least possible injury to commerce.

We can enforce such a quarantine only by devising plans of action such as promise a reasonable, if not a positive assurance of success.

As an illustration, let us examine such a plan for New Orleans.

When a vessel arrives at the mouth of the Mississippi she is either infected or she is healthy. If we know her to be infected she is at once removed to the supplemental or lower station, for infected vessels only, where she will be actually cleansed, actually disinfected and fumigated, and her sick removed to the local hospital.

She is an exceptional case and will be dealt with exceptionally.

She will certainly not be allowed to endanger healthy vessels by mooring in their vicinity.

If at any time she wishes to put back to sea she is at liberty to do so; but if she desires to come into our port, she will be detained until the board can safely venture upon allowing her up.

We will understand better the particulars of treatment when

we have described the course of a sailing ship through quarantine, no record of sickness on the voyage, a cargo of 30,000 bags of coffee, yellow fever epidemic in Rio, from whence she has cleared. She is brought alongside the wharf at the upper quarantine station, where she finds every arrangement for the rapid discharge and reloading of cargo. The crew, with all their effects, is at once taken ashore, where, in a room provided, everything they carry, apparel and baggage, is subjected to powerful disinfection. They are then received at a commodious boarding house, comfortably prepared for them, there to undergo the prescribed detention. Their clothing exchanged for other clothing already treated, and this in turn disinfected. If one should fall ill, he is instantly removed to the hospital, as distant as can be located.

In the meantime a full corps of acclimated stevedores are busily engaged in breaking out the cargo and transferring it to the warehouse already built by the United States government for their accommodation, there to undergo fumigation. As soon as completely emptied, or at least sufficiently so to permit of thorough cleansing and fumigation, the quarantine tug, a compactly built small vessel, somewhat after the fashion of a fire tug, for harbor protection, is run along the ship. A hose attached to a powerful forcing pump about the tug, is let through the forward hatchway down into the hold.

In order to flush the bilge quickly, it might be necessary to take up the limber plank, as a better examination could be had and the real condition ascertained. But whether this be done or not, or the ship be in ballast or not, she can be speedily and thoroughly washed. The pump is started and the washing begins while the ship's pumps are set to discharging the foul bilge water. This continues until she is washed clean, not only in the limbers and floor of the hold, but the ceiling and every available part. She is now pumped out, the hose removed, and then begins the disinfection and fumigation. Another large hose attached to a powerful exhaust fan is lowered into the same position as the first. The hatches and every other outlet are closely battened, with the exception of a small ventilating hatchway, either at the bow or stern. A quantity of sulphur is put into the furnace connected with the fan and ignited.

The exhaust fan is started and sulphurous acid in immense volume and with tremendous force is driven into the limbers and air-brakes, into every crevice and part of that ship until she is completely filled.

In doing this we displace the mephitic and dangerous atmosphere closed in when she started from Rio, and which, if allowed, would have been set free at our levee—the infected atmosphere of Rio to commingle with the atmosphere of New Orleans, deadly ripe, perhaps, for its reception.

We have displaced this not only with a non-infected atmosphere, but with one intensely germicidal—one that destroys organic elements in the air, or on exposed surfaces, with instant greediness. As for the fumigating agent to be selected, we may use through this apparatus sulphurous acid gas, chlorine, or the nitrous acid fumes, produced by pouring nitric acid upon copper filings. The fumes so produced are so powerful that no animalculæ can exist in them for more than two seconds, and the portholes being closed for twelve hours, the process cannot fail to be effective. For my own part, I believe the sulphurous acid to be all that we can desire.

After a few hours the hatches are removed and pure air is driven in to facilitate clearing the ship of the fumes. She is reloaded, and, with her captain on board, proceeds at once to the city, there to be discharged only by an acclimated gang. Her export freights must be ready. She is at once reloaded and starts on her voyage. If the term of detention of her crew has not already expired, she touches at quarantine to take on such as have engaged to reship, and puts to sea, with no more detention than was required to cleanse her, with the utmost expedition, which alone was worth the trouble.

Such a method would soon be adopted at tropical ports before loading, which would greatly lessen the danger and facilitate our work. To avoid complicating the legal points, the board of health gives the ship the option of remaining at the station with the crew on board the full term of detention or leave the crew there. Owners will rather leave the crew, and so contract with them, if necessary, as soon as it becomes known that the regulations of the port will enable ships to

lessen their detention. If yellow fever were to break out on a vessel conscientiously thus treated, we might truly say that cleansing and fumigation are nothing more than fetish observances to exercise a malignant spirit, mere shams to trick the people of the interior.

We might abandon the hope of ever seeing any of our Gulf ports great centres of trade. But until that most unlikely thing did occur, we would adhere to our methods, and not suddenly declare a sixty days quarantine or non-intercourse and send back to sea a vessel already fifteen days in quarantine and subjected to disinfection and fumigation. At any rate, if we did, we would not present them a bill for our services.

There will never be established in the Gulf ports of the Southern States a commerce upon a solid foundation until municipal authorities and the people at large recognize at its true commercial value the principle of sanitation, and apply themselves earnestly and enthusiastically to a reformation in the methods of cleansing and purifying their cities, and until boards of health no longer go to war and cease to inflict arbitrary measures, declaring embargoes upon trade as the only remedy of their own deficiencies.

The plan of improving quarantine methods would cost money. Suppose it cost \$20,000 or \$60,000, what is that compared with the value of the unobstructed commerce of a great centre, sweeping the circle of the world for trade? If it improves the guarantees against importation of pestilence, what is that amount as compared with the blessing shed upon the cities of the Gulf and the millions of people behind us.

To prevent the introduction of yellow fever one single year would justify a thousand times the expenditure. These quarantines should be perfected at any price, excepting the bartering or putting in jeopardy of one iota of the rights and sovereignty of the state.

Applied science in the methods of quarantine is the only force potent to sever the coalition of boards of health with commercial rivals, and to furnish guarantees against the importation of yellow fever worthy of respect and confidence.

The above plan is submitted as the only one which, in the opinion of your committee, meets the requirements of a

quarantine embodying the highest efficiency in the guarantees against importation of pestilence, while at the same time causing the least possible injury to commerce. The present methods of quarantine are, in the opinion of your committee, too vulnerable for criticism. While inflicting upon commerce the extremest hinderance, and oppressively inconvenient to all, they are not reliable in any of the guarantees against the importation of infection.

We would urge upon the boards here represented the rigid execution of all the methods now in vogue to secure such safety as the present system may possibly afford, and that the boards of health in the several states of the gulf immediately urge upon their several legislative bodies and upon their people the earliest adoption of an improved system of quarantine in accordance with the foregoing plan.

3. Non-intercourse—under what circumstances justified.

We can but express the opinion that under a system of rational, strictly scientific quarantine, non-intercourse is never necessary to efficiency in a sanitary point of view, and can only be damaging to commercial interests and violative of every instinct of humanity. Recognizing the fact that the present system, as pursued at the gulf ports, does not furnish a reasonable security at all times, exigencies may arise demanding either absolute non-intercourse, or the nearest approximation that can be attained in extended detention of thirty days or sixty days, which is the equivalent.

4. Period of quarantine detention.

Under the improved system herein indorsed days of detention would be reduced to hours, because ships cleansed, disinfected and fumigated in name would be so in fact. There could be no object in holding such a vessel in quarantine, except to serve as a hotel for the crew; which, under the improved system, would be provided on shore. Commanders of vessels would discontinue the carrying of passengers during the quarantine season. But at present we agree on a detention of not less than ten days.

5. The proper disposal of non-infected vessels under quarantine.

The proper disposal of non-infected and infected vessels

under quarantine is complete separation and isolation of the latter at a station for infected vessels only.

6. Treatment of vessels and cargoes with a view to disinfection.

The treatment of vessels and cargoes with a view to disinfection is conscientious thoroughness in the application of scientific measures.

In the plan suggested there is no principle not contained in the present system. The only difference is that it contemplates thoroughness of execution and perfect consistency with its own doctrines.

7. The advisability of petitioning congress to require consular agents of the United States, residing at inter-tropical ports habitually or periodically infected with yellow fever, to cause all ships in such ports that are about to load for ports in the United States, to be thoroughly inspected and cleansed before receiving cargo, and a certificate furnished to that effect.

INTERSTATE QUARANTINE.

There should be entire harmony and co-operation between the health authorities of the several states.

Every state should appoint inspectors on all passenger trains from infected places, and on all steamboats or other river crafts on which it may be deemed advisable to have inspectors, to see that the quarantine rules are enforced in good faith.

Every state should have the right to place inspectors of its own at points within the jurisdiction of any other state, and upon railroad trains and river boats within the limits of such jurisdiction. Inspectors coming under this head should be allowed all reasonable facilities for obtaining information and for the transmission of the same, and should comply with the quarantine regulations of the state or locality in which they are acting.

As to local or municipal quarantine; yellow fever or cholera having been introduced into any community, particularly into any city or town, earnest efforts should be made to confine the disease within the smallest limits, that is to say, to prevent its dissemination through the community. To this end the infected house or locality should be vigorously isolated, and dis-

infection should be employed according to the most improved methods.

DIAGNOSIS OF YELLOW FEVER.

Be it resolved, That each and every health organization represented in this convention pledge itself to promptly furnish to each other all information in regard to the appearance of cholera and yellow fever, or suspicious cases of yellow fever.

We recommend that for the purpose indicated in the above resolution, the following groups of symptoms shall be considered to indicate yellow fever and suspicious cases:

I. The following groups of symptoms shall be considered to indicate yellow fever:

Group 1.—A person after a sudden attack has fever of one paroxysm, attended with marked congestion or blood stasis of capillaries of surface, conjunctivæ and gums, with a history of probable exposure to infection, and no history of a previous attack of yellow fever.

Group 2.—A person after a sudden attack has a fever of one paroxysm, followed by unusual prostration, albuminous urine, yellowness of conjunctivæ or skin, and having no positively authenticated history of previous attack of yellow fever.

Group 3.—A person has a fever of one paroxysm, albuminous urine, black vomit, suppression of urine, general hemorrhagic tendency under circumstances where exposure to infection is a possibility.

II. *Suspicious cases of yellow fever*.—The following symptoms associated with a fever of one paroxysm in a patient who has apparently been exposed to infection, and has never had yellow fever shall be held to justify in either of the six following cases a suspicion of this disease, viz:

1. Suddenness of attack either with violent pain in the head and back, injected eyes and face, or with marked congestion of the superficial capillaries.

2. Want of that correlation between pulse and temperature usual to other forms of fever.

3. Albuminous urine.

4. Black vomit.

5. General hemorrhagic tendency.

6. Yellowness of the skin.

The following cases shall also be deemed suspicious:

7. Any case respecting which reputable and experienced physicians disagree as to whether the disease is or is not yellow fever.

8. Any case respecting which efforts are made to conceal its existence, full history and true nature.

In the event of death of a suspicious case a post-mortem examination should be made, when practicable. But before and after death, yellow fever is specially and pre-eminently characterized by the fact that it is *par excellence* a hemorrhagic fever, marked by capillary congestion and its sequelæ, hence post-mortem evidence of a general hemorrhagic tendency in internal organs, especially in the digestive, in preference to the urinary tract, shall be held to confirm the suspicion.

INTER-STATE NOTIFICATION IN INFECTIOUS AND CONTAGIOUS DISEASES.

The following resolutions, presented by the National Conference of State Boards of Health, were adopted by the American Public Health Association, at Toronto, October 8, 1886:

Whereas, It is necessary for the protection and preservation of the public health that prompt information should be given of the existence of cholera, yellow fever and small-pox ; be it

1. *Resolved*, That it is the sense of the National Conference of State Boards of Health, that it is the duty of each state, provincial, and local board of health in any locality in which said diseases may at any time occur, to furnish immediately, information of the existence of such disease to boards of health of neighboring and provincial states and to the local boards in such states as have no state board.

2. *Resolved*, That upon rumor or report of the existence of pestilential disease, and positive definite information thereon not being obtainable from the proper health authorities, this conference recommends that the health officials of one state shall be privileged and justified to go into another state for the purpose of investigating and establishing the truth or falsity of such reports.

3. *Resolved*, That whenever practicable, the investigations

made under the preceding section, shall be done with co-operation of the state or local health authorities.

4. *Resolved*, That any case which presents symptoms seriously suspicious of one of the aforesigned diseases, shall be treated as suspicious, and reported as provided for in cases announced as actual.

5. *Resolved*, That any case respecting which reputable and experienced physicians disagree as to whether the disease is or is not pestilential, shall be reported as suspicious.

6. *Resolved*, That any case respecting which efforts are made to conceal its existence, full history and true nature, shall be deemed suspicious and so acted upon.

7. *Resolved*, That in accordance with the provisions of the foregoing resolutions, the boards of health of the United States and Canada represented at this conference, do pledge themselves to an interchange of information as herein provided.

RULES FOR PREVENTING THE INTRODUCTION AND SPREAD OF YELLOW FEVER.

The following rules were issued by this board in 1879, and are here reaffirmed without change:

The Quarantine of First Cases of Yellow Fever.

1. Should a case of yellow fever or a case of fever reasonably suspected of being yellow fever, appear in any town or village, it should be isolated *without delay* and as completely as possible. To this end the patient should be placed in a house or room separated as widely as practicable from any other dwelling, and said house or room should be surrounded immediately by a line and guard of isolation.

2. All clothing, trunks and other articles capable of becoming vehicles of infection, which have been exposed to infection, should be disinfected without delay, either by burning or by boiling in water for not less than thirty minutes; and when it can be done without injury to the patient, the patient should be bathed and have a complete change of clothing and bed-clothing; and the clothing and bed-clothing when removed, and all other articles capable of becoming vehicles of infection, which from time to time may be used by the patient, should be disinfected without delay, as directed above.

3. No persons, except the attendants necessary to a proper care of the patient, should be allowed to come within the line of isolation ; and all such attendants, on going out of said line, either temporarily or permanently, should be required to bathe thoroughly, to shampoo the head, and make a complete change of clothing, in a convenient and isolated room or tent kept for that purpose ; and the clothing which has been removed from such attendants, should be disinfected on the spot and without delay, as directed in section 2.

4. All persons who have occupied the same building with the patient suffering from yellow fever, should be removed immediately and treated in the manner directed in section 3, for attendants going out of the line of isolation ; and said persons, together with all attendants who have been relieved from duty in connection with the patient, should be isolated from the community for not less than five days from the time of last exposure to the infection.

5. In case of a patient's removal, recovery or death, the building occupied by the patient and attendants, together with its furniture, should be disinfected by fumigation as herein-after provided, and closed against any occupation until after a killing frost ; and the tent, trunks, bedding, and other articles liable to and which have been exposed to infection, should be disinfected without delay, as directed in section 2. When the value of said building and furniture is a trifling consideration, and other property will not be endangered, they should be burned ; and the premises, as far around as practicable, should also be disinfected by burning yellow pine shavings and charcoal, or other combustible materials, strewn thickly on the ground.

6. In case of the death of the patient, the corpse should be buried as soon as possible ; and the presence at the funeral of other persons than the attendants necessary to a proper burial, should be prohibited. Said attendants should be treated in the manner prescribed, in sections 3 and 4, for those who have been relieved from duty in connection with the patient.

7. In consideration of the absence of full and definite information with reference to the liability of such matters to become vehicles of infection, it is advised that all discharges

from the patient, which can be so treated, should be disinfected with sulphate of iron, or some other chemical disinfectant, and buried not less than one foot below the surface of the earth, at a distance from all sources of water supply.

NOTE.—To disinfect a room, deluge the floor and walls with boiling water; then close up all the windows, doors and fire-places, together with all cracks, so as to make it as nearly airtight as possible, and fumigate it with sulphur. The apertures can be conveniently sealed up with hardware paper and flour paste. The sulphur—one pound and a half to every thousand cubic feet of space—should be placed in an iron, or copper vessel, which ought to be broad and shallow, not narrow and deep, and may be ignited by pouring over it a gill or two of alcohol, and applying a match. Leave the room shut up for twenty-four hours. After an interval of two or three days the fumigation should be repeated. Bedsteads, wardrobes, bureaus and chairs, in a word, all solid furniture may be left in the room during the fumigation, so that they, also, may have the benefit of the disinfection. The fumigation can not be depended upon, if cracks are left open so that the sulphur fumes can escape.

The Quarantine of Railroad Cars and Passengers.

Any system of railroad quarantine to be adapted to the wants of the towns and villages of Alabama, must be at once simple and inexpensive. We therefore recommend the following rules:

8. All cars from an infected place should be required to pass through towns free from infection without stopping and with closed doors and windows, at a speed not less than ten miles an hour. The mails should be shipped and discharged at a safe distance from the town, either before or after passing through, and should be disinfected by a heat of 240 degrees before brought into the town.

9. No person who has been exposed by residence or stopping in a place infected with yellow fever, or has taken passage or been otherwise exposed in a car which, at the time, was probably infected with yellow fever, should be allowed to enter a town free from infection, except in a car passing through as directed in section 1, until the expiration of at least five days

after last exposure, with complete separation from all clothing or other articles liable to infection, used or had in said place or car, and thorough disinfection in the manner prescribed for attendants in section 3.

10. No merchandise, clothing or other article liable to infection, which has been exposed in an infected place or in a car which, at the time, was probably infected with yellow fever, should be allowed to enter a town free from infection, except in a car passing through as directed in section 1, until it has been disinfected in the manner prescribed in section 2.

NOTE.—It is considered that a car is probably infected with yellow fever which has been in an infected place at any time during the current summer, or has been used, at any place or time, during the current summer, in the transportation of persons recently from an infected place.

THE NEW QUARANTINE CODE.

The following quarantine propositions, presented by Dr. Jerome Cochran, the state health officer, were adopted by the state board of health at Mobile in 1889. They are not inconsistent with the preceding regulations:

The Quarantine of Railroads.

(1.) During the prevalence of yellow fever epidemics, passengers and freights should be brought from infected localities only under such regulations and restrictions as may be established by the health authorities along the lines of the roads concerned.

(2.) The regulations and restrictions governing railroad transportation during yellow fever epidemics should be of such character as to afford all reasonable guarantees of protection to the communities in danger of invasion by the disease, but should not be more onerous than the circumstances warrant, and should be framed with due consideration of the extent of the danger in each particular case, and as affected by latitude and seasons of the year, and other qualifying conditions.

(3.) At all seasons of the year, and under all circumstances, the simple passage of railroad trains should be allowed, without obstruction, even when carrying sick refugees from infected places to healthy localities willing to receive them.

(4.) When the transfer of passengers or freights from infected localities from one railroad to another becomes necessary, such transfers should be done under such precautions as may be deemed necessary by the health authorities of the places at which the transfers are made; but no restrictions should be made that will render such transfers impracticable, and transfers of passengers and freights from places not infected should not be burdened with unnecessary restrictions. Quarantines against all the world are illegal, mischievous, and in every way unwarrantable.

(5.) Quarantine inspectors on railroad trains should be under the control of the health authorities of the several states, rather than under the control of the health authorities of the communities scattered along the line of the road. In this way quarantine regulations may be enforced with the smallest amount of friction and inconvenience to the travelling public and with the maximum of efficiency and economy. At the same time the wishes of the local authorities should be treated with all due consideration.

(6.) When circumstances require it the states should establish quarantine camps at such places as may be most convenient for the detention of travellers, disinfection of baggage, and treatment of the sick. It is barbarous and inhuman to dump off travellers of any sort, and especially women and children and the sick, on the side of the road to take care of themselves the best they can.

The Local Management of Yellow Fever.

(7.) When one case or a few cases of yellow fever occur in any community, it does not follow of necessity that the disease must spread and become epidemic. On the contrary, the experience of many countries through long periods of time shows conclusively that in the majority of such instances and without the observance of any special means of prophylaxis, the disease fails to spread.

(8.) When one case or a few cases of yellow fever occur in a community, in the light of our present knowledge of the habits and modes of propagation of the disease, it is generally possible, by the employment of the proper prophylactic measures, to prevent the development of an epidemic.

Non-Intercourse.

(9.) The golden rule for the prevention of the spread of yellow fever is non-intercourse—isolation—the keeping of the well away from the sick, away from infected things, and very specially away from infected localities.

(10.) In the enforcement of this golden rule of non-intercourse two problems present themselves for solution. (a) To keep the people generally from coming into the infected houses and the infected localities; and (b) To keep doctors and nurses and other attendants and the well members of sick families from visiting and mingling with people outside of the infected houses and localities. The solution of the first of these problems is comparatively easy. The solution of the second is sufficiently difficult. But it is possible to solve them both.

(11.) In the densely settled sections of cities guards may be useful for the enforcement of non-intercourse. They are much less needed in sparsely settled towns. In villages and county neighborhoods, as a rule, they are not needed at all. In all cases every intelligent family should be able to take care of itself—should be able to keep all of its members away from infected houses and localities, and to guard its own premises from invasion by dangerous persons and things.

(12.) Non-intercourse may be practiced in the very center of an infected district with considerable probability of escaping the fever. Cloistered convents and prisons in infected cities, with yellow fever raging all around them, usually escape invasion; and there are numerous instances on record in which private families in the midst of epidemics have passed the ordeal safely by the vigorous enforcement of non-intercourse.

Disinfection.

(13.) Disinfection in yellow fever is based very largely on theoretical grounds. Nevertheless we believe that it may be made a valuable agent in checking the spread of the disease. In the beginning of an outbreak all the resources of disinfection should be exhausted and these efforts should be continued until the epidemic is fully established. After the epidemic has subsided, disinfection is of very questionable value.

(14.) The disinfecting agents most to be trusted are heat, especially moist heat, cold, both artificial and natural, and espe-

cially cold weather and frost; and certain chemicals, especially the bichloride of mercury and the fumes of burning sulphur. To these must be added ventilation.

(15.) The disinfection of beds, bedding, clothing, and articles of similar character is comparatively easy. The disinfection of single rooms, and perhaps, also, of single houses, is more difficult but not entirely impracticable. The disinfection of yards must be regarded as very difficult, but in the beginning of an outbreak it should be attempted. The disinfection of a whole city, or even of a large section of a city, seems not to be practicable.

Depopulation.

(16.) In the beginning of an outbreak of yellow fever there is no need of depopulation at all, except of infected houses, or infected districts; but if people who are able to afford the expenses desire to leave they should do so quietly and deliberately, and no obstacles should be placed in their way; and those who leave healthy districts of the city or town should go wherever they please, without let or hindrance.

(17.) Persons living in infected houses, or infected districts should be encouraged to leave, but should be allowed to leave only under such restrictions as will afford reasonable guarantees of safety to the communities in which they find asylum; and they should be sent only to such communities as are willing to receive them.

(18.) In the depopulation of infected houses or of special infected districts, the inhabitants should be removed into camps of probation, or into vacant houses in the adjacent country. After five days detention if they remain well, and under proper regulations, such as disinfection of baggage, they should be considered free from danger, and allowed to go freely into any community willing to receive them.

(19.) The depopulation of large cities is altogether impracticable. The depopulation of sparsely settled towns and villages is altogether unnecessary, as in them it is always possible to prevent any general spread of the fever.

(20.) Refuge camps, that is to say, camps for the continued residence of people during the prevalence of epidemics, have

heretofore been of very small value. One reason for this is that it is never possible to induce any considerable proportion of the population of an infected city to take refuge in the camps. Camps of probation for temporary detention, may often be very useful.

(21.) Panics and stampedes are always without excuse and at the same time excessively mischievous. At the beginning yellow fever always spreads slowly, and there is always time for everybody who desires to leave an infected place to do so without hurry and under proper regulations.

Shot Gun Quarantines.

(22.) Shot gun quarantines are barbarous, and discreditable to our civilization. All quarantines shall be under the control of experts.

Health Certificates.

(23.) Health certificates should be required only in the case of persons leaving an infected place. They should be issued only by the health official in charge of the infected place. In each certificate the person to whom it is issued should be so described as to admit of his identification, and should state the facts of the case fully and circumstantially. And to such certificates full credence should be given by all health authorities. We must have honesty and mutual confidence amongst those charged with the protection of the public health.

Places of Refuge.

(24.) Under proper regulations, refugees from infected places may be allowed to go anywhere without danger of carrying infection with them, and should generally be allowed to do so. Still, it is better that they should go to cooler and more northerly climates, and into states and cities not ordinarily subject to yellow fever. In regard to this matter, a great deal depends on the season of the year. In June or July, precautions may be wise that would be entirely unnecessary in September or October.

When Refugees May Return.

(25.) In most of our Southern communities refugees from an infected place may return safely after the appearance of a killing frost. In the present state of our knowledge it is not

possible to say whether or not frost kills the yellow fever poison, but the experience of many hundreds of epidemics shows beyond all controversy that it puts an end to the prevalence of the fever.

(26.) Even in places where no frost is ever known, experience teaches that after the subsidence of the fever for a reasonable time there is no longer any danger. When the fever disappears the danger of contracting the fever disappears also.

Hibernation.

(27.) In the extreme southern parts of our country, and in very mild winters, it is possible for yellow fever to live through the winter months and to become epidemic again on the advent of the following summer. But in all such instances it is kept alive by the occasional occurrence of scattered cases—cases springing up here and there at intervals of only a few weeks. It does not hibernate in any other way than this. It never goes to sleep when the cold weather comes in the autumn, to sleep for three, four or six months, and to be awakened into malignant life when the hot weather comes the next summer.

Financial Management.

(28.) In yellow fever epidemics, as under other circumstances, all self-respecting persons and all self respecting communities should pay their own expenses, and take care of themselves just as long as they are able to do so, and the aid of public charity should be invoked only in cases of real necessity.

(29.) In yellow fever epidemics physicians should make their regular charges, just as in the treatment of other diseases, against all persons who are able to pay; and neither physicians, nor medicines, nor nurses, nor provisions, nor any assistance of any kind should be furnished at the public expense to any persons except those who are really in indigent circumstances. To help those who are able to help themselves is an abuse of public charity.

(30.) The administration of the quarantine laws should always be under the direction of the legally constituted health authorities of the community to be protected. The health authorities may make mistakes, but they will make fewer mistakes than the political authorities will make. As quarantines

are at present conducted in many of the states, the aggregate of quarantine expenses is much greater than there is any necessity for.

(31.) The quarantine of small towns is a very simple problem, and may be managed without much expense. As the population increases the problem becomes more and more difficult; and in very large cities it requires for its wise solution the highest expert skill, and abundant means.

(32.) There are two sorts of quarantine fundamentally distinct—the police quarantine and the scientific quarantine. The purpose of the police quarantine is to exclude everything coming from the infected locality. The purpose of the scientific quarantine is to exclude only such things as are dangerous. Very often, especially for the protection of small communities the police quarantine is the only one that is available. But as far as circumstances will admit of it the scientific quarantine under the management of quarantine experts, should always be preferred.

(33.) Local quarantines, that is to say, the separate quarantine of towns and counties should, as far as circumstances will warrant, be superseded by state quarantines, and this on the grounds alike of economy, efficiency, and convenience.

THE EXEMPTION OF THE STATE HEALTH OFFICER FROM QUARANTINE RESTRICTIONS.

It is well known to all yellow fever experts that it is quite possible to transport from a place infected with yellow fever to any healthy community, and without placing said community in danger, any specified person, whether he has previously had yellow fever or whether he has previously not had yellow fever.

In the case of a person who has not previously had yellow fever two precautions are necessary; (1) detention for a sufficient length of time to cover the period of incubation of yellow fever; (2) such treatment of the person, clothing and baggage as will relieve them from any taint of yellow fever infection.

In the case of a person who has previously had yellow fever all quarantine detention may be omitted, second attacks of yel-

low fever being so extremely infrequent that for all practical purposes they may be left out of the account.

While these propositions are generally true, and while they would dominate the policy of a strictly scientific quarantine, it may not always be expedient to endeavor to carry them into practice, regard being had to the circumstances of special cases.

But there are cases in which it is desirable and expedient that all quarantine regulations involving detention should be suspended; and very specially is this true in regard to the state health officer. He is well known; he has had yellow fever; he understands how to free himself from infection; and he has too much at stake to omit any necessary precaution. He could not afford to carry yellow fever into any community in the state; and there may be some very urgent cause requiring him to travel for the public welfare.

Take a few instances in illustration: There is a report of yellow fever in some of our towns. It is his duty to go and investigate the report. Suppose he finds that yellow fever has in fact invaded the town, is he then to be locked up there indefinitely? Such a policy is not necessary for the protection of the public health, and would often be inconsistent with the public welfare. Ordinarily he would not desire to leave the infected place very soon; but he should be allowed to leave it if sufficient occasion should arise. Suppose while he is in a town known to be infected, suspicious cases of fever occur in some other town in which there are no yellow fever experts. Public apprehension is aroused, and it is important that the true character of the suspected cases should be authoritatively determined; and this to the end that if it is yellow fever other communities may promptly institute measures for their protection; and to the end that if it is not yellow fever other communities may be saved from useless and unnecessary expense.

It may be said that some expert from an uninfected town may be sent to make the investigation. But no such physician can afford to go on such a mission, because, if he finds yellow fever he will not be allowed to return to his home and his business until he has undergone the usual quarantine detention.

In 1878, Drs. Gaston and Weatherly were sent by the city of Montgomery to investigate some fever in Louisville. They reported that it was yellow fever, and thereupon were not permitted to return home until after serving a period of quarantine detention. There was no understanding of this sort when they left home. The detention was entirely unnecessary, as both gentlemen had previously had yellow fever; and the result is that they could not be induced to go on another such mission, no matter how great the anxiety of the people of Montgomery to know the truth.

Last year, 1888, Dr. O. S. Iglehart, of Vicksburg, went to Jackson to help determine the character of some cases of fever there. He notified his people that it was yellow fever. His reward was that he had to remain away from home for twenty days. Here again it was perfectly well known that Dr. Iglehart had had the fever. He had demonstrated by active practice in several epidemics that he was fever proof. His detention for twenty days was a piece of unmitigated folly.

In view of the facts and principles to which we have called attention, we respectfully recommend the adoption of the following resolution.

Resolved, That it is the opinion of the state board of health that the state health officer, in the discharge of his official duties, should not be submitted to quarantine detention, but that he may be safely allowed to go wherever his official duties may call him after exposure to yellow fever, provided he travels without baggage and makes use of the usual precautions in regard to his person and clothing.

RULES FOR THE MANAGEMENT OF DIPHTHERIA.

General Remarks.

Diphtheria is a contagious and infectious disease, attacking persons of all ages, but affecting children much more frequently than it does adults. It may be communicated from the sick to the well by means of persons, cups or other articles which pass from mouth to mouth, or through the medium of the air, or it may be spread by means of clothing.

So generally is diphtheria regarded as due to unsanitary

conditions, that by common consent it is classed among the filth diseases ; and when we find it arising apparently independently of sources of infection, spontaneously as it would seem, we may be pretty sure that something is wrong in the health conditions of the home where it is found.

The unsanitary conditions which seem to give rise to diphtheria may be in the direction of the food or water supply ; the well may be too near the privy or cess-pool, or sink drain, or barnyard, and be polluted by soakage through the filthy soil ; or sometimes the wrong may be in the direction of the air supply ; the sleeping rooms and living rooms are perhaps not ventilated, and the air is re-breathed and poisoned, or a wet and foul cellar is under the house, or sewer gas goes into the rooms from defective water closets or other fixtures, or from sink drains, or privies, or cess-pools.

When once diphtheria has arisen, the law of simple contagion carries it to the rich and the poor, to the cleanly and uncleanly, but not to all alike. Filth invites disease and gives its germs the most congenial soil in which to develop into pestilence ; but cleanliness offers only barren ground for their development.

Diphtheria is a preventable disease. Proper preventive measures are almost invariably followed by the limitation of the disease to the first case or cases. *When diphtheria gets away from the primary cases and makes its escape upon the community, somebody is to blame.* The sooner we accept this as a sanitary maxim, the sooner we shall begin to do our duty as individuals and as communities.

Prevention.

Keep away from the sources of contagion. Do not go where the disease is, if you can help it ; and, above all, do not let your children go where it is. Permit no one to come to your home who has been where it is.

From the dwelling and its vicinity banish all sources of filth, whether of the ground, of the water, or of the air. The ground under and around the house, if not naturally dry, should be thoroughly and deeply drained. Diphtheria does not come from far through the air, therefore do not shut up

your house tightly, thinking thereby to shut out the disease. By so doing you shut *in* the poison of re-breathed air, which paves the way and makes it easy for the poison of diphtheria to claim your children. Let the sunshine in by day and the pure air both by day and night. When diphtheria is prevalent, avoid all crowded gatherings; especially keep children from such places.

What is apparently only a common sore throat in adults will sometimes give rise to an outbreak of diphtheria in children; therefore, in all cases of sore throat, prudence would dictate caution in using dishes which the patients have used. A kiss to a child under these circumstances may be the unconscious seal of the little one's death warrant.

When diphtheria is rife, keep from the children gum, jews-harps, harmonicas and other things which go from mouth to mouth.

Be sure that the drinking water and the milk are pure.

Restriction.

As soon as it is found that a person has diphtheria, he should immediately be separated from the rest of the family and put into a sunny and well ventilated room, preferably on the upper floor, and as disconnected as possible from other rooms, especially the living and sleeping rooms of children.

Before moving the patient into the room, all needless articles, such as carpets, contents of wardrobes, etc., which would catch the infection, should be removed.

No other persons besides the nurse and necessary attendants should be permitted in the room, and they should take special precautions not to carry the infection. Their communication with the rest of the family should be as restricted as possible.

The health officer, should immediately be notified and should co-operate with the physician to keep the disease from spreading. Children and parents from other houses should be warned; and, if they needlessly and obstinately persist in coming, they should be driven away.

Neither the nurse nor any person should eat or drink anything in the sick room or anything which has been there. Food which the patient has left should be burned.

Cats and dogs should be kept from the sick chamber, or

better, out of the house, for their fur can easily carry the infection. These animals, as well as others, sometimes have diphtheria, and communicate it to children.

The dishes which the patient uses should not be used by others, or washed with other dishes. They should be washed by themselves in boiling hot water.

The utmost care must be taken that the discharges from the mouth, throat and nose do not soil the room or its furnishings. These discharges should be received on pieces of cloth and then burned. If this cannot be done they should be thoroughly disinfected with solution C, (four ounces to gallon of water), or solution E, followed by boiling.

The discharges from the kidneys and bowels should be liberally treated with solution A, solution B, or solution C, and not poured into the privy-vanlt, but buried, if possible, 200 feet or more from dwelling houses and water-supply.

The bed and body clothing should not be mixed with the family wash, but should be put into a tubful of solution C (1:2,000) or solution E, until ready to boil.

No person from a house where there is diphtheria should go into public assemblies, such as schools, churches, or eoncerts.

Persons who have had diphtheria should not mingle with the public for some time after the last trace of the disease has left the throat and nose, and then not until they and all their clothing have been thoroughly washed and disinfected.

In case of death the body should be enclosed in a sheet thoroughly wet in solution A, solution C (eight ounces to the gallon of water) or solution E, and put into a tight coffin, which should not afterward be opened. The funeral should be strictly private, and in no case should children be permitted to be present.

When the room is vacated after recovery or death, disinfeet it by using the sulphur fumigation; then wash all surfaces with solution A, solution B, one-half strength, or with solution C (four ounces to one gallon of water), and afterwards with soap and hot water; finally throw open the doors and windows, and ventilate thoroughly.

RULES FOR THE MANAGEMENT OF SCARLET FEVER.

General Remarks.

Scarlet fever, scarlatina, scarlet rash and canker rash are several names for one and the same disease. It is very desirable that only the name of scarlet fever should be in general use, for so many names have wrought much confusion in the popular mind. Sometimes in scarlet fever the fever is high, sometimes mild. Sometimes the eruption is a vivid red rash, sometimes it is barely perceptible. Sometimes the inflammation of the throat is very malignant, sometimes so slight as not to be noticeable. No matter how these manifestations of the disease may vary in different cases, it is all scarlet fever, and one attack prevents subsequent attacks. With children scarlet fever is one of the most infectious of diseases, although at times it behaves capriciously. Sometimes children who have never had it escape, although freely exposed to its contagion. Again, the slightest momentary exposure may be sufficient to give the disease.

The poison of scarlet fever is very readily conveyed in clothing or other things even long distances. Such cases as this are so common that almost everybody knows of them. A person calls to enquire about his neighbor's child who has this disease, opens the door for just a moment, perhaps does not go in, walks a long way home, and then gives the disease to his own children.

The contagion may be preserved for many months in clothing or in rooms. An article, for instance, a handkerchief or a doll, may be used by a scarlet fever child and then laid away, perhaps a year, and when unpacked give the disease to the other children. A letter or a paper sent by mail may bear the disease, the hair of the head or the beard may carry it, when the clothing has been changed and disinfected, and this part of the body neglected.

After recovery, for several weeks at least, the scarlet fever patient continues to be a source of danger to others, as long at least as the skin continues to be rough and to give off its branny scales of desquamation, or peeling.

Prevention.

In spite of the subtle infectiousness of scarlet fever, preventive measures will be rewarded with marked results. Carefulness can keep the infection from being scattered abroad, and disinfection can utterly destroy its power to do harm.

Keep your children away from the disease, and away from persons and things that have been where it is. Keep, also, all who have recently been sick of the disease, and all who have been where it is, away from your children. Scarlet fever is always dangerous and often a deadly disease; therefore it may sometimes be your duty in protecting your children to treat the grossly careless as malefactors. The duty of protecting your family from the danger of scarlet fever is as clear and imperative as would be your obligation to stay the hand that would carry a deadly draught to the lips of your child. One great reason for warding off scarlet fever is that after childhood this disease is not so fatal, and also after childhood the liability to take the disease is very much lessened. It therefore happens that many escaping the disease in childhood never have it, although many times exposed to it later in life.

Restriction.

The scarlet fever patient should be put into a room by himself. It is better to have the room in the upper story, and at a distance from rooms inhabited by children. Before the patient is put into the room, remove everything possible which can catch and retain the poison of the disease, viz., carpets, useless curtains, unused clothing. Notify the health officer at once.

Have some person especially employed as a nurse, who is not to visit other parts of the house. No other person not needed should be allowed to visit the sick room, especially those who have children of their own, or must go where children are. The nurse while attending the patient should wear only such clothing as can be disinfected by boiling, before she goes to other places.

The room should be ventilated as thoroughly and constantly as possible without incurring the danger of draughts. Especially during convalescence a chill is to be avoided. Ventilation

is desirable, both on account of the patient and on account of diluting and letting out the poison of the disease, so that its concentration may not be a danger to others in the house.

Receive the discharges from the throat and nose upon pieces of linen or cotton cloth, which are to be burned immediately. The discharges from the bowels and kidneys should be disinfected with solution A, solution B, or solution C in large quantity, and buried at some distance from the dwelling.

The utmost care should be taken with the clothing of the patient. Do not carry it from the sick room dry. When removed it should be dipped into a tub of solution C (1:2,000) or solution E, and afterwards boiled.

No person from a house where scarlet fever is should go into public assemblies, such as schools, churches or concerts, or anywhere into the company of children who have not had the disease. Much of the contagion of scarlet fever is in the scales which are thrown off from the skin during desquamation ; it is well to use frequently, during this period, inunction of some oil, or other fatty matter to prevent the scattering of these infectious particles.

Persons who have had scarlet fever should never be allowed to go to school or mingle in any other way with the public for at least five weeks after the disappearance of the fever and the rash, and not then until the clothing is thoroughly disinfected, and the body has received a disinfecting bath, not omitting the head.

In case of death the body should be enclosed in a sheet thoroughly wet in solution A, solution C (eight ounces to the gallon of water), or solution E, and put into a tight coffin, which should not afterward be opened. The funeral should be strictly private, and in no case should children be permitted to be present.

After recovery or death vacate the room; burn all things which are of but little value ; disinfect everything else, which can be so treated, with liquid disinfectants (solution A, solution C or solution E), and afterwards boil ; disinfect the room with sulphur fumigation ; wash the surfaces with solution A, solution C (four ounces of the solution to one gallon of water), or solution E, and afterwards with soap and hot water; finally throw open the doors and windows, and ventilate thoroughly.

RULES FOR THE MANAGEMENT OF TYPHOID FEVER.

General Remarks.

There is a pretty strong conviction in the minds of sanitarians and physicians that typhoid fever is a disease which has but little right to exist in a civilized community. Such thoughts regarding things inevitable and necessary are neither reverential nor profitable, but intelligently directed efforts to diminish the prevalence of typhoid fever have been followed by so large a measure of success that we are justified in regarding it as one of the *unnecessary* diseases.

The prevention of typhoid fever must rest very intimately on a knowledge of its cause, or at least, on an acquaintance with the known laws in accordance with which the cause operates. The essential cause of the disease is generally believed to be a minute organic germ, which is given off by the sick, and may be transmitted to the well in several ways.

The poisonous germ is not thrown off through the breath or in the exhalations from the skin, as is the case in some other infectious diseases; but in this disease it is contained in the discharges from the bowels, and possibly, also, in that from the kidneys. *Hence the proper disposal of the excreta is a matter of the first and highest importance.*

Another conclusion which is generally accepted is that the disease germ, as it leaves the body, is not yet in a condition to be dangerous, but that in a short time, through a fermentative process, it acquires a dangerous character; *therefore the need of the disposal of all discharges from the patient without delay.*

Still another thing which experience seems to teach and which the public should bear in mind, is that this fever germ may be not only be developed but multiplied outside the human body. That the fever patient is in some way a factory for the time being, engaged in producing and throwing off a poison dangerous to other persons, is a matter of common belief; but of late years, there has been a settled conviction that this poison, or disease germ, as we now call it, may be, and very often is, developed and multiplied to a dangerous extent outside of the human body, when it is once introduced into places which present the favoring conditions of moisture, warmth and filth. *Hence the vital necessity of care not to plant the seed in*

soil congenial to it. Such dangerous localities about our homes are ill-kept water-closets, privies, cess-pools, drains, and earth which is saturated with uncleanness.

The poison of typhoid fever may sometimes be received into the system by breathing it in; but, in undoubtedly the great majority of cases, the disease germ finds its way into the intestinal canal by means of the food and drink. Reflection will show, and experience teaches, that there are many ways in which our food and drink may become contaminated with the germs. Some of the more frequent ways are these: The discharges are thrown into the privy or upon the ground whence they soak, sometimes long distances, through the soil into the family well. The soiled clothes of the patient are washed, and the water carried by a loose and leaky drain which runs too near the well. Some kinds of food and drink are very absorptive of disease germs, and being kept too near the patient, become contaminated through the air. Many cases are known where milkmen, with fever at their own homes, have caused serious out-breaks of the disease among their customers, by keeping the milk, before it was distributed, too near the sick, by diluting it with contaminated water, or even rinsing the cans with the impure water.

Prevention.

What has already been said about the development of the typhoid fever germ and the way it is taken into the system pretty plainly indicates the line of our endeavor in preventing it.

It is to be borne in mind:

1st. That filth, if it is not the direct cause, is at least the *nidus* (nest) in which the cause, or germ, may be developed.

2nd. That the poison is principally given off from the bowels.

3rd. That it is usually received into the system in the food and drink.

1. At all times, as well in the absence as during the presence of typhoid fever, let us try to keep our premises and the surroundings as pure and clean as possible. Of all forms of filth none others are so dangerous to our homes

as that of the "hole in the ground" privy, and that in and about our sink drains. The former should never be tolerated nor the latter, either, in its usual forms.

Filth, in its sanitary signification, includes not only the grosser forms, but also the less tangible and more *respectable* kinds which are too often ignored. The impalpable but not inodorous kind in the air of unventilated bed rooms is disgusting and dangerous; the sewer air which leaks from faulty water-closets, or defective drain pipes in the homes of the wealthy consigns many to the tombs; the emanations from rotting chips or sawdust, the exhalations from decaying vegetables in the cellar—all these may dangerously pollute the air, and should be avoided.

2. All discharges from the fever patient should be received in a vessel containing a pint or more of solution A, solution B, or solution C (1:500) and kept covered by the disinfectant three or four hours, and then buried in the earth where they can not by any possibility find their way into wells, springs, or brooks. **THEY SHOULD NEVER BE ALLOWED TO MINGLE WITH ANY KIND OF FILTH, IN A PRIVY OR ELSEWHERE.**

The clothing, both of bed and patient, should be disinfected by dropping it into a tub containing several gallons of solution C (1:2,000), or solution E, and should be kept therein until it can be boiled. After death or recovery disinfect the room with sulphur fumigation, followed with washing the doors and other wood-work with solution A, solution C, or solution E.

3. As far as concerns the personal hygiene of nurses and attendants, it may be said that, if the foregoing preventive measures are carefully carried out, there is hardly a possibility of their taking the disease; in fact, under such conditions, cases in which the attendants have taken the disease from the patient are almost if not quite unknown. Typhoid fever goes through families because all have been exposed to the disease-producing cause, or the first cases contaminate the water supply, or "seed down" the privy vault and the house surroundings with the disease germs.

Nurses and others in the family should eat nothing in the room where the patient is, nor any thing which has been there. The food for the attendants and family should be prepared and

kept as far from the sick as possible. Thorough boiling will kill all disease germs; so, while the fever is in the house, it is safer to boil all water and milk just before it is used.

RULES FOR THE MANAGEMENT OF SMALL-POX.

General Remarks.

Small-pox is always the result of infection. The specific poison which is the cause of the disease is very active; a momentary exposure to it will often result in producing small-pox in the unprotected, and the vitality of the infection, under certain circumstances, is capable of being preserved a long time. The disease is dangerous and loathsome in the extreme, giving a high death rate in the unvaccinated, and hideously disfiguring and maiming many who outlive it.

The present generation can have, from its own observation, no adequate conception of the terrible devastation which this disease caused before the discovery of vaccination. In the large cities one-third of the deaths of children under ten years of age came from small-pox. "Not a decade passed in which this disease did not decimate the inhabitants in one country or another, or over great tracts of country; so that it became more dreaded than the plague." In France 30,000 persons died annually from this disease; and in the whole of Europe from 400,000 to 450,000 perished yearly from the scourge. In Westphalia, where the death rate from small-pox was formerly 2,643 in the million population, the annual mortality from the same cause declined to an average of 114 in the million from 1816 to 1850, under the influence of general vaccination. In Berlin, the reduction was from 3,422 to 176; in Copenhagen, from 4,000 to 200.

These facts will give us some idea of the benefit which has been conferred upon humanity by vaccination. Without the protection which it affords, nearly, if not quite, the olden, fearful rate of mortality would, in the course of a generation or two, be restored. Cleanliness and the observation of the general laws of health might avail a little, but only a little, in restricting this disease, which always seems to have its being in infection.

In a community or town well and thoroughly vaccinated there would be no possibility of a serious extension of small-pox. Neglect of this protection has, even in recent years, sometimes lead to very disastrous and unprofitable results. Such a course in Philadelphia in the winter of 1871-2, cost the city many lives and paralyzed business twenty million dollars. And such neglect of vaccination in Montreal, lately, imposed a heavy penalty on that city, and its surrounding province, and at the same time seriously threatened all adjoining states.

Prevention.

The all important preventive measure is *vaccination*. In the face of the disease, vaccination, isolation and disinfection must go hand in hand.

Every child should be vaccinated in its earliest years, preferably before six months of age; and in case of danger of infection, the vaccination should be done at once, no matter how young the child is. Vaccination should be done again before puberty, and better before ten or twelve years of age; afterward vaccination should be tried as often as every six or seven years, or oftener, if the person is subjected to probable danger of small-pox contagion. It is also recommended that every person when successfully vaccinated should be revaccinated every twenty-first day thereafter until it ceases to produce any effect upon the person.

Vaccination should be done only by competent physicians, and only with vaccine virus of undoubted reliability and purity; otherwise a sense of security is often felt, when in fact protection is not obtained.

Should vaccination be made in only one place, or in several? is sometimes asked. The following, based upon the examination of 5,000 cases of small-pox in England, answers the question strongly in favor of inserting the virus in several places in the arm:

Per centage of death in—

| | |
|-----------------------|--------------|
| 1. Unvaccinated,..... | 35 per cent. |
| 2. Vaccinated : | |

Having one vaccine scar,..... 7.73 per cent.

Having two vaccine scars,..... 4.70 per cent.

Having three vaccine scars, 1.95 per cent.
Having four vaccine scars,55 per cent.

In the case of the presence of small-pox, immediate and careful vaccination should be made of all persons who have not recently been so protected. Even after the known exposure to the disease, vaccination should be done any time before the actual appearance of the eruption. If done two or three days after exposure it will often prevent the disease, or make it much lighter; and done later, there is reason to believe it has a salutary effect upon the course of the disease.

RESTRICTION.

Small-pox is a contagious disease which usually can be suppressed only by the prompt action of the health authorities, assisted by the co-operation of the people. It is the duty of all health authorities to be prompt and vigorous in enforcing such well advised measures in the care of those who may unfortunately become afflicted (and of their families and households), as will prevent any spread of the disease. Under no circumstances must such cases be allowed to go at large, or be sent away to escape the cost and care of their proper treatment.

Concert of action between neighboring towns or communities, whose sanitary interests are often identical, is strongly enjoined upon the health authorities. Friction, clashing of authority, and unnecessary expense may be thus avoided. Where there is no medical man upon a board of health, the advice and co-operation of the county health officer should be secured; or if this be impracticable, a competent and legally-qualified physician should be employed. If a district or locality becomes seriously infected, better work will be secured, with less danger of the contagion being spread, if such district or locality be put in charge of one health officer, instead of allowing several physicians to visit individual patients or families. Such officer should be selected with an eye not only to his medical skill and experience, but also to his knowledge and ability as a sanitary executive.

Local boards and authorities are strongly advised against the policy of concealment. Small-pox cannot be suppressed by denying its existence. It *will* out, more certainly than murder. Official reticence in this is not only useless to protect

commercial interests and reputation, but is in the highest degree mischievous, in that it begets false confidence which may lead the innocent and unwary into such danger as an honest announcement of the facts would have warned them to avoid. Insist upon prompt publicity in every instance.

County and municipal health boards should report at once the presence of each case of contagious disease to the state board. In case of small-pox, it is the desire of the board that its presence at any place be reported by telegram. Should the disease assume the proportions of an epidemic, all public assemblies, such as churches, schools, and gatherings of any kind, should be interdicted by the authorities. They are justified in law to take this step.

When a case appears, immediately enforce strict isolation and quarantine of the patient, and this should be continued for at least two weeks after the recovery of the case, and after the crusts have all separated. When the patient cannot be removed to a hospital, but must remain in a private house, secure a room, if possible on the uppermost floor, and remove from it all articles and furnishing which will not absolutely be needed. For a nurse have some person who has been recently and successfully vaccinated, or who has had the small-pox. Keep all others away from the room, all other persons in the house and neighborhood should immediately be vaccinated. In case of death the funeral should be strictly private and conducted under the direction of the board of health, health officer, or the attending physician.

The disinfection should be done under the supervision of the health authorities. All the excretions of the sick should be treated with one of the disinfectant solutions and then burned or buried. Clothing, bedding, towels, etc., should be immersed in one of the disinfectant solutions and then subjected to the action of boiling water, the heat of which absolutely destroys the poison of small-pox. When the cases are over the rooms infected should be thoroughly sponged with one of the disinfectant solutions; the floors deluged with boiling water, and then thoroughly fumigated with burning sulphur.

Articles which cannot be surely disinfected must be burned.

If death occurs the body should be immediately wrapped in a sheet wet with solution of the bichloride of mercury and prepared as soon as possible for private burial.

RULES FOR THE MANAGEMENT OF CONSUMPTION.

General Remarks.

The following rules for the prevention of the spread of consumption has been issued by the health department of New York city. If they were generally observed it is believed that the prevalence of consumption could be gradually diminished, and that in the course of several generations it could be banished from the world.

Pulmonary tuberculosis is directly communicated from one person to another. The germ of the disease exists in the expectoration of persons afflicted with it.

Tuberculosis is commonly produced in the lungs (which are the organs most frequently affected), by breathing air in which living germs are suspended as dust. The material which is coughed up, sometimes in large quantities, by persons suffering from consumption, contains these germs, often in enormous numbers. This material when expectorated frequently lodges in places where it dries, as on streets, floors, carpets, handkerchiefs, etc. After drying in one way or another is is very apt to become pulverized and float in the air as dust.

Prevention.

By observing the following rules the danger of catching the disease will be reduced to a minimum:

(1.) Do not permit persons suspected to have consumption to spit on the floor or on cloths, unless the latter be immediately burned. The spittle of persons suspected to have consumption should be caught in earthen or glass dishes containing the following solution: Corrosive sublimate one part; water one thousand parts.

(2.) Do not sleep in a room with a person suspected of having consumption. The living rooms of a consumptive patient should have as little furniture as practicable. Hangings should be especially avoided. The use of carpets, rugs, etc., ought always to be avoided.

(3.) Do not fail to wash thoroughly the eating utensils of a person suspected of having consumption as soon after eating as possible, using boiling water for the purpose.

(4.) Do not mingle the unwashed clothing of consumptive patients with similar clothing of other persons.

(5.) Do not fail to catch the bowel discharges of consumptive patients with diarrhoea in a vessel containing corrosive sublimate one part, water one thousand parts.

(6.) Do not fail to consult the family physician regarding the social relations of persons suspected of suffering from consumption.

(7.) Do not permit mothers suspected of having consumption to nurse their offspring.

(8.) Household pets (animals or birds), are quite susceptible to tuberculosis; therefore do not expose them to persons afflicted with consumption; also, do not keep, but destroy at once, all household pets suspected of having consumption, otherwise they may give it to human beings.

(9.) Do not fail to cleanse thoroughly the floors, walls, and ceilings of the living and sleeping rooms of persons suffering from consumption at least once in two weeks.

(10.) To these rules we add the further recommendation that consumptives not confined to their rooms should carry with them, and use at all times, some receptacle for the spittle. Such receptacles are now to be had in cheap and convenient shapes. Destroy the spittle; that is the great source of danger.

OBSERVATIONS ON THE FOREGOING RULES.

The foregoing rules for the management of diphtheria, scarlet fever, typhoid fever and small-pox, are substantially those that have been adopted by nearly all the state boards of health in this country. They are based on the best knowledge we have of the natural history and modes of dissemination of these diseases.

We are glad to be able to state that diphtheria and scarlet fever, so difficult to manage in colder climates, have shown very little disposition to become epidemic in Alabama. Our mortuary statistics show conclusively that they contribute very

little towards the enhancement of our death rate. Nevertheless, it is important that all reasonable means should be employed to limit their prevalence to the smallest possible number of cases.

We are also glad to be able to state that small-pox seems much less inclined to spread in Alabama than in many other states. It has made its appearance amongst us on quite a number of occasions, but our local boards of health have shown themselves quite able to grapple with it. The agencies engaged in the dissemination of typhoid fever in Alabama (or of the continued fever amongst us which is commonly called typhoid), have not been thoroughly investigated. A considerable number of our physicians do not believe that this fever is the classical typhoid of Louis and Jenner; and we have no recorded facts which connect its prevalence with the use of contaminated water. We have had no Plymouth epidemics. Here again prudence requires that we should employ all the usual means of prevention.

The inauguration of a great sanitary war against consumption, the most prevalent and most fatal of human diseases, marks an era in the onward progress of sanitary medicine. If the current doctrines of the origin and dissemination of tubercular phthisis are correct, and there seems to be no good reason to doubt that they are, we may enter on this vast undertaking with a very reasonable hope of ultimate success.

THE TRANSPORTATION OF DEAD BODIES.

(1.) Under the laws of Alabama the bodies of dead persons cannot be moved from one place to another in the same county; nor from one county to another within the state; nor from this state into another state; nor from another state into this state; except by permission of the health authorities at both ends of the line of transportation, and under such precautions as may be agreed upon. This rule applies to the removal of dead bodies from place to place soon after death and before burial; and also to the removal of bodies that have been disinterred at any longer or shorter time after burial.

(2.) Particular care is to be exercised in the removal of the bodies of persons who die of any contagious or infectious

disease; and the removal of the bodies of persons who die of yellow fever is prohibited except during the months of December and January. The safest time for the removal of the bodies of persons who die of small-pox is in midsummer, inasmuch as this disease is more readily propagated in cold weather.

(3) To prepare for transportation the body of a dead person who has not been buried, wrap it in many folds of sheeting that has been saturated by a solution of the bichloride of mercury; then enclose it in a coffin or casket that is air-tight; and then enclose this coffin or casket in a strong wooden box.

(4) To prepare for transportation the body of a dead person which has been buried and has to be disinterred, the original coffin or casket must not be opened, unless it is so decayed that it will not hold together, but must be enveloped in many folds of sheeting saturated with a strong solution of the bichloride of mercury; then enclosed in an air-tight metallic coffin or casket; and this enclosed in a strong wooden box outside of all.

(5) Every dead body subjected to removal must be accompanied by the certificate of the local health officer, giving the full name of the deceased, the date and cause of death; and such other facts as may be desirable in each case; and also by the certificate of the undertaker showing how the body has been prepared for removal.

DISINFECTANTS RECOMMENDED BY THE STATE BOARD.

The list of chemical agents which may be used as disinfectants is very long, and most of them need not be mentioned here. We confine our recommendation to those that have been found by the committee of the American Public Health Association to be at once the cheapest, the most efficacious, and the most convenient.

Corrosive sublimate as a disinfectant is remarkably prompt and effective in its action for most purposes, but its highly poisonous nature requires it to be used under careful and intelligent supervision. Its solutions must be kept in glass, earthen, or wooden ware, and not in metallic vessels; neither must it pass through leaden drain pipes, as it rapidly corrodes them.

Chloride of lime is very effective and for popular use has the

advantage of being perfectly safe. This and the corrosive sublimate are much cheaper than any proprietary disinfectants and are much more trustworthy.

Disinfection cannot take the place of cleanliness or of ventilation.

Solution A.

Chloride of lime, 6 ounces.

Water, 1 gallon.

Mix. Cost, about three cents a gallon, or seventy-five cents a barrel. This is about a three per cent. solution.

Solution B. Purple Solution.

Corrosive sublimate, 2 drachms.

Permanganate of potash, 2 drachms.

Water, 1 gallon.

Mix and dissolve. Label *Poison!* Cost, two or three cents a gallon, when the chemicals are bought by the pound.

The permanganate of potassium in this solution is used to give it color as a precaution against mistakes. It also, in this quantity, increases the deodorizing qualities of the solution. This is approximately a 1:500 solution of the sublimate; therefore mixed with an equal quantity of water or liquids to be disinfected it gives us a 1:1000 mixture. One ounce of this solution contains very nearly one grain of the corrosive sublimate.

Solution C. Blue Solution.

Corrosive sublimate, 4 ounces.

Sulphate of copper, 1 pound.

Water, 1 gallon.

Mix and dissolve. Label *Poison!*

This is sixteen times stronger than solution B and is intended as a standard solution, from which, by dilution with water, a solution of the proper strength for use may be made. To make from it a solution of the proportion of—

1:500, add 8 ounces to 1 gallon of water.

1:1000, add 4 ounces to 1 gallon of water.

1:2000, add 2 ounces to 1 gallon of water.

1:4000, add 1 ounce to 1 gallon of water.

Solution D.

Labarraque's solution, 1 pint.

Water, 1 gallon.

Mix. Cost, about twenty-five cents a gallon.

Solution E.

Carbolic acid, 90 per cent. solution, 7 ounces.

Water, 1 gallon.

Mix. This is approximately a five per cent. solution, or in the proportion of 1:21.

Sulphur Fumigation.

To use this effectively, three pounds of sulphur should be burned in a room ten feet square. Every opening into the room, flues, doors, windows, cracks and crevices must be closed, except the door by which the disinfecting officer is to escape. The sulphur is to be burned in an iron kettle or other vessel set in a tub containing a little water to guard against fire. Ignite the sulphur with a few live coals or with a little alcohol or kerosene and a match. Leave the room quickly, for the fumes are highly poisonous when breathed, and close the door tightly. Let the room remain closed twenty-four hours or more. Then air thoroughly for several days.

Boiling.

Boiling for at least half an hour is a sure way to destroy infection. Immersion in salution C (from two to four ounces of solution C in one gallon of water), or in solution E, one-half strength, will lessen the danger from infected clothing until it can be boiled.

The foregoing agents may be applied to disinfecting purposes as follows:

For excreta, in the sick room.—Solution A, or B, a quantity greater than that of the matter disinfected.

In privy vaults.—Solution A, solution B, or chloride of lime in powder.

For clothing.—Destruction by fire, if of little value; boiling for at least half an hour; immersion in solution of corrosive of sublimate, of the strength of 1:2,000 for four hours (solution C, 2 ounces to one gallon of water); immer-

sion in solution E, one-half strength, for four hours and then boiling; articles of silk or wool which would be injured by boiling or by disinfectant solutions should be subjected to sulphur fumigation for at least twelve hours, the clothing being freely exposed.

For furniture, woodwork, etc.—Washing thoroughly in solution B, one-half strength; or solution C, four ounces in one gallon of water.

For the person.—Solution D, or solution E, one-half strength. Solution C (1:1,000) may be used for the hands, or a limited area, but not for the entire surface of the body.

For the dead.—Envelop the body in a sheet thoroughly saturated with solution C (1:1,000) or solution A.

For the sick room.—While occupied, wash all surfaces with solution A, and water mixed half and half; solution B, with water half and half or solution C, four ounces to one gallon of water.

When vacated, use sulphur fumigation as directed in the foregoing; then wash all surfaces with solution A, or solution B, one-half strength, and afterwards with soap and hot water; finally throw open doors and windows.

RULES OF THE STATE BOARD OF HEALTH UNDER THE LAW FOR THE
PROTECTION OF THE TRAVELING PUBLIC AGAINST ACCIDENTS
CAUSED BY COLOR-BLINDNESS AND DEFECTIVE VISION.

Methods of Examination.

Rule 1. Each eye must be examined separately.

Rule 2. Refraction must be tested in the usual way by means of glasses.

Rule 3. Power of vision (sense of form) must be tested by Snellen's or Jæger's test letters, or, when the applicant can not read, by Burkhardt's dotted cards.

Rule 4. Cataract must be tested by oblique illumination or the ophthalmoscope.

Rule 5. Color perception must be tested by Holmgren's worsteds, used either after the manner of Holmgren, or as modified by Thomson, Oliver, or Webb.

Rule 6. The amount of color perception must be tested by Donder's lamp, or by Oliver's color sense measurer.

Rule 7. The field of vision must be tested by a black board with a small white spot in the center placed twelve to twenty-four inches in front of the person examined, who should fix his eye on the central spot while the examiner moves a white object from the periphery gradually towards the center of the board, marking the place on the board where it first comes into view. This should be repeated from a sufficient number of points to mark out on the board the circle of the field of vision.

Records, Reports and Certificates.

Rule 8. The examiners must have books of printed blanks, divided into stubs and certificates—the stubs for the record of personal facts and the results of the examinations; and the certificates to be issued to the applicants, according to the following model :

| | |
|------------------------------------|---------------------|
| No..... | CERTIFICATE NO..... |
| Railroad..... |188 |
| Date..... | |
| Name..... | |
| Color..... | |
| Age..... | |
| Nativity..... | |
| Eyes..... | |
| Eyelids | |
| Refraction R. E.....L. E..... | |
| Power of vision R. E.....L. E..... | |
| Cataract R. E.....L. E..... | |
| Field of vision..... | |
| Color perception R. E..... | |
| | |
| Color perception L. E..... | |

Signature.....

.....M. D.,
Examiner.

Note.—Class one includes engineers, firemen and brakemen; class two, conductors, trainmen, flagmen, station agents, gate-keepers, etc.

Rule 9. The stubs mentioned in rule 8, carefully filled out, will embrace all the necessary records.

Rule 10. Every examiner must make to the state board of health, about the first of January of every year, a full report of the work done by him under the law for the preceding

calendar year, giving the results of his examination by colors, ages, and nativities.

LIBRARY AND MUSEUM.

Be it ordained by the Medical Association of Alabama,
(1) That Drs. B. J. Baldwin, J. B. Gaston and S. D. Seelye, all of Montgomery, be and are hereby created a board of trustees, to be known as the board of trustees of the library and museum of the Medical Association of the State of Alabama and the state board of health.

(2.) That it shall be the duty of said board of trustees to have themselves properly incorporated under the laws of the state; to issue bonds for not more than six thousand dollars; to erect and furnish a building in the city of Montgomery suitable for the uses of said library and museum, and also in connection therewith, to provide a residence for the state health officer; to solicit donations and bequests in aid of said library and museum, and to have the supervision and general management of the same; and to report annually to the state association a full account of their proceedings as a board of trustees.

(3.) That the said board of trustees shall issue the said bonds authorized in the second section of this ordinance, in sums of five hundred dollars each, at not less than their par value, to run for not more than twenty years, and to bear interest at rate not to exceed six per cent. per annum; and that the interest on said bonds is hereby guaranteed by the Medical Association of the State of Alabama, to be paid annually in the city of Montgomery.

(4.) That members of the said board of trustees may be at any time removed from office by the President and board of censors of the Medical Association of the State of Alabama, without cause assigned, and that all vacancies occurring in said board shall be filled by appointment of said President, by and with the advice and consent of the said board of censors, each of said trustees to hold office until his death, resignation, or removal.

(5.) That there shall be set aside, annually, from the treasury of said State Medical Association such sum as may be recommended by the said board of censors, to constitute a

sinking fund to redeem the said bonds, and that said sinking fund shall be under the control of said board of trustees, to be by them managed and invested as to them may seem best; and said board of trustees are hereby authorized to execute mortgages on the real estate and buildings of said library and museum to secure the principal of said bonds.

(6.) The state health officer is hereby made the custodian of the library and museum established by this ordinance under the general direction and control of the board of trustees herein created, and in return for his services as librarian and curator, shall be entitled to occupy the residence connected with the library and museum free of rent.

COMMENTARIES AND EXPLANATIONS.

HISTORICAL SKETCH.

Massachusetts was the first state in the Union to create a state board of health, the board being composed of seven members, some of them physicians, some lawyers, and some merchants, and all of them appointed by the governor of the state. This system was established by an act of the legislature in 1867. By an older law, which was continued in operation, the municipal authorities, composed almost exclusively of non-medical men, were charged with the supervision of the health of the towns. In 1870, this Massachusetts system was adopted by the State of California, and it has been adopted since then by a number of other states. Indeed, in all of the states in which state boards of health have been established, with the exception of Alabama, the Massachusetts law has been taken as the model.

At the annual session of the American Medical Association, which was held in San Francisco in 1871, a committee was appointed, composed of one member for each of the states, and this committee was charged with the duty of urging upon the several state legislatures the importance to the public welfare of the establishment in all the states of state boards of health. The committee prepared a memorial, addressed to the legislatures of the several states, urging upon them the adoption of the Massachusetts plan, and this memorial was presented to the legislature of Alabama in the winter of the same year, 1871, by the distinguished Alabama member of the committee, who pressed its claims with his usual energy and ability, and with the countenance and support of many of our leading physicians. Some of the members of the State Medical Association had already thought out for themselves a different, and, as they believed, a much better system, that, namely, which has been subsequently adopted in this state, and these threw the

weight of their influence into the scales against the Massachusetts plan, and thereby secured its defeat.

At the session of the Association which was held in Huntsville in 1872, both of these plans of state health supervision—the old Massachusetts plan and the new Alabama plan—were brought up by their respective advocates for consideration. The discussion was conducted with much earnestness on both sides, and resulted in the emphatic endorsement by the Association of the new plan. The distinctive features of our Alabama system are now too well known to need recapitulation here. It is enough to mention that in it the State Association is made the state board of health, with a general supervision of the county boards of health, while the functions of county boards of health are invested in the several county medical societies, thus virtually engaging all the doctors of the state in the sanitary service of the people, and in the administration of the health laws of the state.

At the annual session of the Association in Selma in 1874, this plan was again presented for discussion, this time in the shape of a bill, which included all the formal details that were considered necessary for legal enactment. It was unanimously approved by the Association, and the board of censors were ordered to present it to the legislature. This was duly done, and the bill was enacted into a law in January, 1875. There is a good deal of interesting history connected with the development of our system, and the gradual fulfillment of our hopes by legislative action; but this may be passed over for the present, it being only necessary to add here that the law of 1875 was supplemented in 1879 by an act appropriating the annual sum of three thousand dollars for the use of the state board.

We have recognized, from the beginning of the movement, which has been so briefly described, how extremely difficult it is to devise and administer a system of sanitary laws, involving practical sanitary work, and the collection of vital and mortuary statistics, in a country generally so sparsely settled as ours, in such way as that the accruing advantages shall not be bought at too high a price—at too large an expense of time and money; and we have always made it a rule never to ask the co-operation and assistance of the state in the carrying into execution of any of our plans, until we have first made a thorough survey of the whole ground, and satisfied ourselves that the state would receive an adequate return for the required outlay. In a word, we have felt that we could not afford to make promises that we were not certain of our ability to fulfill. Acting in entire harmony with the spirit here indicated, it seems to us that the time has now come when we may wisely and prudently endeavor to make another important forward movement; and when it becomes our duty, as the medical advisers of the state, to ask for additional legislation, with a view to a more efficient sanitary supervision of the state, and especially with a view to the institution of an efficient system for the collection of vital and mortuary statistics.

All sanitarians and publicists are agreed in regard to the very great

importance of vital statistics; so that we do not feel called upon to discuss this issue here. The problem to be considered is a purely practical one, namely, this: How, with such means as we are able to command, to collect these vital statistics in the State of Alabama in the most efficient way?

This problem is easy enough of solution, in reference to cities and towns where there are large numbers of people gathered together within in narrow limits of space, with efficient local laws, active health boards, and salaried health officers; but in reference to sparsely settled country neighborhoods, where such agencies as have been mentioned are available to but a limited extent or not at all, the problem becomes sufficiently difficult. While, however, it is well to acknowledge, at their full value, all the difficulties that stand in the way, it will not do to despair of being able to deal with them successfully. Very venerable is the adage, "Where there is a will, there is a way;" and here the one available way is one that is easily found.

The statistics of population and marriage are already provided for. It remains to provide for the statistics of births, and deaths, and diseases, and the more the question of ways and means, with reference to these, are discussed, the more it becomes evident that the desired information must be principally obtained through the agency of the medical profession, and of the medical professional as organized in State Association and county societies. Some one or more of the members of these organizations can be found in almost every neighborhood, and the facts wanted are of a sort that comes almost naturally to their knowledge, and of which they alone can be competent judges.

Public policy and professional advantage both require that the profession generally should do this work without pecuniary compensation. The amount of it that would fall to the share of any individual member of the profession would be small, and he could readily afford to do it without pay. Only those upon whom the duty would fall of gathering together the numerous individual reports, or tabulating and comparing information collected, and of supervising the methods and details of the work, would have to devote to it so much time, so much labor, and so much expert skill, as would make it necessary for them to demand any special recompense in the way of salaries paid out of the public purse; and even these salaries can be made so moderate as not to become burthensome to the public.

THE ADMINISTRATION OF THE HEALTH LAWS OF THE STATE.

It is never to be forgotten that the county medical societies are the legal and responsible county boards of health. As a matter of convenience the administration of the health laws of the state is delegated by the several county societies to their several boards of censors acting as committees of public health, as executive committees as it were; but the acts of these committees derive their official sanction and legal validity from the authorization and approval of the county societies to which they belong.

The committees of public health receive their authority primarily through Article 40 of the constitution of the county societies; and their correspondent obligations are outlined in Articles 42 and 43.—*See, supra, page 63.*

Some additional duties of the committees of public health, together with the duties of the county health officers are prescribed in the ordinance in relation to the public health and the collection of vital statistics to be found on page —, *supra*, which all the county societies are expected to adopt.

It is incumbent on the county societies acting as county boards of health, or of the boards of censors acting as committees of public health, to place themselves in communication with the boards of county commissioners of their respective counties, and with the common councils of their respective cities and towns, with a view to the negotiation of arrangements mutually satisfactory in accordance with sections 1284 and 1285 of the Code of Alabama.

As an example of an arrangement of this sort, which, with such modifications as may be needed to bring it into conformity with the circumstances of the different communities, may be made to serve as a basis for such negotiations, the health ordinance of the city of Mobile has been included in this chapter near the end of it. All of the documents here referred to, together with the law to provide for the supervision of the public health and for the collection of vital statistics in the several counties of the State of Alabama, should be carefully studied by all concerned, to the end that everything may be done in conformity to law.

It will be easily seen that a position on the board of censors of a county society is by no means a sinecure if its duties are faithfully attended to; and it is to be hoped that no one will accept such a position unless he has both the disposition and the means to do his whole duty in connection with it. The proper organization of the committees of public health has been discussed already in a previous chapter of this book in connection with the duties and organization of the boards of censors, and need not be further dwelt upon here.

Having arranged the necessary administrative machinery the next thing is to put it into action in such way as to secure the highest efficiency with the minimum of friction, and the minimum of annoyance and inconvenience to the profession and to the public; and these desirable considerations can be promoted by a reasonable amount of patient perseverance and wise foresight. In this direction the first step, and a very important one, is to have the whole scheme of the proposed work thoroughly understood by all the members of the county societies, and to secure their intelligent and active sympathy and co-operation in the execution of it, in a word to make every one of them a zealous missionary to carry out the beneficent purposes of the law, and especially in his own immediate neighborhood. The second step is to explain the scheme to all such practitioners as are not members of the

county societies and to solicit their willing and cheerful support and co-operation in the administration of the law. The third step is to have midwives properly instructed as to their duties under the law, and how they may most reasonably comply with its requirements. The fourth step is to administer the law in such wise and prudent fashion as will recommend it to the approval of the people generally, carefully avoiding all unnecessary annoyances, vexations, and antagonisms.

The duties of the county boards of health under the laws of the state are twofold, namely:

(1) The supervision of the public health; and, (2) The collection of vital statistics.

THE SUPERVISION OF THE PUBLIC HEALTH.

The duties falling under the head of the supervision of the public health are to be discharged by the county boards of health "to the extent of the means placed at their disposal" by the boards of county commissioners. It is to be hoped that along with the growth of population and of wealth in the several counties of the state the county boards of health will be invested with such executive powers and furnished with such liberal grants of money as will enable them to become important factors in the advancement of the public welfare. Whether or not they advance rapidly in public favor and public influence depends entirely upon themselves. With the administrative powers which the law places in their hands, and with the assistance of paid health officers they will find it possible to do much that will contribute to the sanitary improvement of their respective counties, and at the same time foster the development of popular interest in sanitary work.

As many of the members of our boards of health, and many of our health officers are new to the work they have undertaken, and unfamiliar with many of the principles of the comparatively new science of public hygiene, one of the most important of the duties devolving upon them is to take such measures as may be necessary to relieve themselves of the reproach of sanitary ignorance, which reproach they can not hope to escape if they undertake to fill the places of sanitary experts without a competent knowledge of sanitary science. Knowledge of the laws of health does not come to any of us "by nature," as Dogberry supposed to be the case in regard to reading and writing. Our health officials, therefore, and indeed our physicians generally, since this is a subject in which every physician is obliged to take more or less interest, should possess themselves of good works on public and private hygiene, and then as speedily as possible possess themselves of the information they contain. Two of the most complete and authoritative treatises on the theory and practice of public and private hygiene are, (1) Parke's Practical Hygiene, and (2) the two volumes of Buck's Hygiene and Public Health.

Some of the things which the county boards of health might properly undertake to do may be here briefly suggested:

(1) They should investigate in their several counties, at least once a year, and oftener whenever it may seem expedient to do so, the sanitary condition and management of such public institutions as the law makes subject to their supervision; and the results of these investigations should be included in such special reports as in view of the circumstances of the several cases it may seem advisable to make, and also in the annual reports made to the county commissioners, and in the duplicate reports forwarded to the state board of health.

(2) In many of the counties malarial influences are responsible for a large amount of sickness and discomfort. It would be well in such counties to make even in a very rough way such sanitary surveys and descriptions of the different parts of such counties as would serve to show in a general way the conditions and circumstances upon which their insalubrity depends; to point out the wet-weather ponds, the undrained flat lands, the swamps drying up in the summer and fall, whence the malarial poison is derived; together with some estimate of the influence of the different seasons of the year, and of the prevailing winds, etcetera. Often the drainage of a single pond, which could be done perhaps at small expense, would improve the health of one or of several families; or the growth of a belt of trees on the margin of a swamp might exercise a considerable protective influence favorable to the people living near it. It is never to be forgotten that people would very often act more prudently than they do if they only knew the right way to go about it.

(3) Various migratory epidemics may from time to time invade the state, such as small-pox scarlet fever, measles, hooping-cough, rabies, hydrophobia, etcetera. All of these are proper subjects for the consideration of the county boards of health. Whenever an epidemic disease of any kind breaks out in any county the county board of health should do at least three things, namely: (a) Endeavor to ascertain how it was brought into the county; (b) Advise the people of the county as to the wisest course to pursue, under all the circumstances of every particular outbreak, with the view of escaping infection and limiting the progress of the epidemic; and (c) To keep complete and accurate records of all the facts and cases of the visitation for the information of the people of the county, and for transmission to the state board of health.

THE COLLECTION OF VITAL STATISTICS.

The duties of the county boards of health, in relation to the collection of vital statistics, are not at all dependent on appropriations by the boards of county commissioners. They are mandatory and not permissive or optional; and they must be discharged whether appropriations are made or not—must be discharged even if the county health officers have to work for nothing. It is not to be doubted, however, that if the work is thoroughly and efficiently done, those who do it will be awarded reasonable compensation.

The vital statistics law is a very important law. It is important in itself in its immediate practical aim; and is still more important in the

influence it is destined to exercise on the future power, prosperity, influence, and usefulness of all the medical and health organizations in the state. If we prove to be successful in the administration of this law, that success will serve as a foundation of adamant upon which we can build up the grandest superstructure of organized medicine and public hygiene that is to be found on this continent. If we make a failure in the administration of this law, that failure will advertise to the people of Alabama our utter unfitness for the execution of a great trust; and will place in peril all of our medical and health organizations for indefinite years.

It is plain, then, that we can not afford to fail in the administration of this law. It is the work of the organized medical profession of the state. It was enacted by the general assembly at our express and urgent solicitation. It is our law. We are in every way responsible for it; and we must prove ourselves worthy of the trust which the state has placed in our hands. Every county board of health—that is to say, every county medical society—should feel as if it was a forlorn hope upon which depended the fate of a great battle in some emergency of special difficulty and danger; and every individual physician should feel as if the whole result depended on his individual energy, devotion, and good conduct. To this end every individual physician should be willing, not only to do that part of the whole work which in an equal distribution of it would fall to his share; but he ought to be willing to do his individual duty two or three times over so as to make compensation for that large class of negligent and incompetent brethren who are sure to do a great deal less than their share of the duty. Every one who acts up to this standard will find, in very truth, that it is more blessed to give than to receive.

THE DUTY OF THE COUNTY MEDICAL SOCIETIES.

It is the duty of the county medical societies, which are the real and responsible county boards of health, to make themselves authoritative, active, and intelligent agents in the administration of the law, that is to say, in the supervision of the public health and in the collection of vital statistics; and very speedily is it their duty to see that the executive functions delegated by them to their boards of censors, acting as committees of public health, are promptly, properly, and efficiently discharged. To this end the committee of public health should be required to make to the societies frequent and full reports of the progress of their work.

All the members of the county boards of health should make themselves thoroughly familiar with the health laws of the state, and with the instructions of the state board of health as to the details of the methods of carrying them into effect. It is especially the duty of the president of every society to see that the society over which he presides neglects none of the obligations imposed upon it by the laws of the state and the ordinances of the state medical association.

THE DUTIES OF THE COMMITTEES OF PUBLIC HEALTH.

It is the duty of the committee of public health to see that the county health officers and assistant health officers all come up to the full measure of faithfulness and efficiency in the work required of them severally and collectively. To this end they should hold frequent meetings to receive, examine, and discuss the reports of the health officers.

They should require separate reports of the births and deaths and cases of infectious and epidemic diseases to be made for every separate beat or precinct in their respective counties. In this way they would be able to see where the work was well done, and where it was not well done. Knowing the population of these precincts, for example, they would have little difficulty in deciding whether or not the vital statistics reports were reasonably complete or shamefully defective; and having discovered that the returns for any beat were defective they could take steps intelligently and promptly to correct the evil.

If they find that any health officer is negligent or inefficient they should remove him at once, and put a better man in his place. If they find that any physician or midwife fails to come up to the reasonable requirements of the law they should immediately investigate the case and ascertain the cause of the failure, and should then take such steps as are necessary for its correction. In ninety-nine cases out of every hundred it will be found that these failures to make the required returns is simple negligence, and for such cases explanation and expostulation will usually be found sufficient remedies. But if the negligence proves to be incorrigible, or if the failure grows out of some less venial cause, then it is the duty of the committee of public health to appeal to the law, and however unpleasant it may be, to make appeal to the law in such way as will secure the imposition of its penalties. Duty is duty, and it is not to be shrunk from because it is unpleasant.

THE DUTY OF COUNTY HEALTH OFFICERS.

The county health officers should have their official machinery so arranged as to be able to know whether the assistant health officers, and whether all the doctors and midwives of their respective counties, are regularly and promptly making the reports required of them by law.

To this end every county health officer should have a complete list of all the doctors and midwives in his county; together with their residences and their post office addresses; and should make it a rule to hear from every one of them at least once in every month, either directly or through his assistants. If any doctor or midwife should have no births or deaths to report for any month, that fact should be itself reported, so that the health officer may not be left in doubt as to the true state of affairs; and if any doctor or midwife should at any time fail to send in a report the cause of such failure should be at once investigated.

Wisely conducted correspondence will accomplish a great deal; but personal visits and investigations will accomplish a great deal more. The county health officers should therefore visit in person every neighborhood in which he has reason to believe that the statistics are not

thoroughly collected; should see with his own eyes and hear with his own ears where the fault may be; should give information and advice with his own lips; and should put his own hands and brains to work for the correction of any evils he may find to exist.

Every health officer, in simplest, shortest, and sternest words, should be required to earn his salary; and his salary will have to be small indeed if he can earn it by sitting in his office, writing occasional letters to his assistants, and receiving, registering and forwarding the reports.

The successful administration of our health laws in any county depends very largely upon the efficiency of the county health officer; and I do not hesitate to say that in most instances where success is not attained in a reasonable time the mere fact of such failure is sufficient proof of his unfitness for the position he holds. Good intention is very good as far as it goes; but in practical affairs it counts for very little. Here success, and success alone, is the test and proof of fitness and efficiency.

THE DUTIES OF THE ASSISTANT HEALTH OFFICERS.

Just now the special point in our plans of procedure that requires special attention is this, namely:

The efficient organization of the subordinate health districts or beats within the counties, and the development of proper energy and efficiency on the part of the assistant health officers.

How is this to be done? A considerable number of assistant health officers have already solved this problem for themselves; and all the others could succeed equally well if they would only give their minds and hearts and a little time to the work. Nevertheless, a few suggestions may not be amiss.

(1.) The health districts should be conterminous with the beats or voting precincts of the counties; and their boundaries should be accurately known, so that no part of the territory of the county would be left without supervision, and so that one assistant health officer would not trespass on the domain of another.

(2.) Every assistant health officer should hold himself thoroughly responsible for the beat under his charge; and should make it a matter of pride, as well as of duty, to obtain returns of absolutely all of the births and deaths occurring in it.

(3.) He should make, in a book kept for that purpose, a complete medical directory of his beat; including in it the names, residences, and post-office addresses of all the resident doctors and midwives, and of all the doctors and midwives residing in adjacent beats whose practice extends into his; and where it seems advisable, he should appoint sub-assistants to take charge of specially designated plantations or neighborhoods.

(4.) He should confer with all these; instruct them in their duties; arrange plans of communication; furnish them with blank certificates for the return of the births and deaths; and he should make it an in-

flexible rule to have a report from every one of them about the first of every month; said report to include all the births and deaths occurring in the practice of the reporter, or under his or her observation, during the preceding month; or if no births or deaths have so occurred, the report should be made all the same, to state that fact. This is the key-stone of the whole fabric, namely: *That every doctor and every midwife should be heard from at least once in every month.*

(5.) He should keep a register of vital statistics for his beat in which should be carefully entered every birth and every death occurring in it. He should make it a matter of special pride and emulation to keep this register in perfect order; to have it carefully and elegantly written up; and in every way to make it a complete and trustworthy record. It is much to be regretted that we are not able to furnish bound volumes for this purpose; but while the cost of a single volume is small, the aggregate cost for the whole state would be large. In many instances, perhaps, if the proper representation was made to them, the county commissioners would pay for them. In some cases, the expense has been borne by the county health officers out of their scanty salaries. In other instances still, the assistant health officers themselves may be willing to pay for their own registers. This question of registers is one of very great importance, and it is to be hoped that in some way the problem of how to get them will be solved in all the counties.

(6.) He should, not later than the tenth of every month, make to the health officer of the county a report of his stewardship for the previous month: and this report should include, in addition to the return of the births and deaths, a list of delinquent doctors and midwives, and a statement of the prevalent diseases and sanitary condition of his beat. If there are no delinquents—and if he does his full duty, there will be none—this fact should be expressly stated.

(7.) He should, early in the month of January of each year, make to the county health officer a full circumstantial and statistical report, covering the whole of the preceding year; including an account of such endemic and epidemic diseases as may have been prevalent in his beat, and a discussion of any difficulties he may have encountered in the collection of vital statistics. This annual report should also include the medical directory for his beat, revised and corrected to date.

(8.) If he receives certificates of births or of deaths occurring in other beats than his own, he should duly forward them to the county health officer, and should, at the same time, notify the assistant health officer of the beat in which the said births or deaths did occur of all the facts, so as to enable him to make his register complete.

(9.) In like manner, whenever the county health officer receives the return of a birth or of a death, whether directly or at second hand, through any other medium than that of the assistant health officer of the beat in which it occurred, he should at once notify said assistant health officer of all the facts, so as to enable him to make his register complete.

(10.) In every county the county health officer and the assistant health officers of the county should confer together fully and freely, whenever opportunity offers, in regard to the difficulties, details and methods of their work, so that they may all be able to act together intelligently and harmoniously for the accomplishment of a common purpose.

(11.) If in any county any assistant health officer should prove gravely derelict or conspicuously inefficient in the discharge of his duties, as here given in outline, the health officer of the county should at once give the matter his earnest attention; should make a formal report of it to the committee of public health, and everything that is reasonably possible should be done, and done promptly, to correct the evil.

(12.) The omnipresent sins, the sins that lead to more failures of well projected enterprises, and more collapses of ambitious aspirations than all the rest put together, are negligence and procrastination. Let every one connected with the administration of the health laws in Alabama, therefore, make one resolution and act up to it, namely: To do TO-DAY'S WORK TO-DAY. If this is done, there need be no fear of the result.

Rewards cleave to deserts,
And power to him who power exerts.

REPORTS.

(1) Every physician, midwife or head of a family under whose charge any birth occurs, must report the same to the county health officer.

(2) Every physician, midwife or head of a family under whose charge any death occurs, must report the same to the county health officer.

(3) Every physician or other person under whose charge any infectious or epidemic disease occurs, must report the same to the county health officer.

(4) Every assistant health officer must make to the health officer of his county by the tenth day of every month a report of all the births occurring in his beat, of all the deaths so occurring, of all the cases of infectious diseases so occurring, of all delinquent doctors and midwives in his beat, and of such other matters as may be deemed worthy of notice; said report to cover the preceding calendar month.

(5) Every assistant health officer must make to the health officer of his county, early in January of every year, a complete annual report for the preceding calendar year; said annual report to include statistical tables of all the births, deaths, and cases of infectious diseases that may have occurred in his beat during said year, together with a revised medical directory of his beat, and such suggestions and remarks as to him may seem advisable.

(6) The county health officer must make to the committee of public health, from time to time, such reports as they may see fit to require of him.

(7) Every county health officer must make to the state board of health, during the month of January of every year, a special report showing: (1) The names and boundaries of all the health beats, or precincts, into which his county has been divided; (2) a separate exhibit for every one of these beats containing, (a) the name of the assistant health officer who has it in charge, (b) the names, residence, and post office addresses of all the doctors who practice within its limits, (c) the names, residences, and post office addresses of all the midwives who practice within its limits, (d) the names of such doctors and midwives, in every beat, as have heretofore failed to report their births and deaths, (e) and where this can be done even approximately, the number and character of the population.

(8) The committee of public health must make to the county board of health such reports as the county board may see fit to require; or such as to themselves may, from time to time, seem advisable; and especially an annual report every January, covering the previous year.

(9) Every county board of health must make an annual report in January, covering the previous year to the board of county commissioners; and must forward a duplicate of said report to the state board of health.

(10) Every county board of health must make to the county commissioners, from time to time, such additional reports as the commissioners may see fit to require.

(11) Every county board of health must, through the county health officer, as soon as practicable after the close of every month, make to the state board of health a condensed statement of the births and deaths occurring in the county for said month, together with such other information as the state board of health may from time to time require.

INSTRUCTIONS FOR THE COUNTY BOARDS OF HEALTH.

Very few of the county boards of health have appreciated the character and extent of their obligations under the law. In but too many instances they have been content to elect a county health officer, and to leave him to perform as best he can both his own duties and those of the board. In several instances the county boards have neglected their duties in such thorough-going fashion as not even to have elected a county health officer, although under the law this duty is not left to their discretion, but is mandatory. If in this state of affairs the state board of health has contented itself with expostulation and encouragement, it has not been because of any want of authority to compel conformity to our instructions, but because we have believed it to be the best policy to hasten slowly, and give time for our people and our county boards to become acquainted with the scope and purpose of the health laws. Indeed, our duties under the law are very plain, and very imperative. In the express words of the Code, "the state board of health must exercise a general superintendence and control over the county boards of health; must prescribe rules and regulations for the conduct of such boards; and must declare their duties."

Under these provisions of the law we have from time to time, as occasions have seemed to require, and as our experience has pointed the way for us, issued rules and instructions covering almost the whole expanse of the field over which our supervision extends. Our county boards of health have very generally recognized their obligation to conform to said rules and instructions, and such failures to do so as have occurred have been the offspring of a spirit of negligence and procrastination, not of disobedience. But negligence itself may become extremely culpable and even criminal, and the time has now come when we feel it incumbent on us to insist very earnestly that the county boards of health, and especially those in the more populous counties, and those that have been longest organized, and are in best condition for effective work, shall devote themselves with more systematic assiduity to the discharge of the duties incumbent on them under the law. In our review of the work of the county boards in a subsequent section of this report, we will make such special recommendations as the circumstances of special cases seem to demand.

The excuse that is usually given by unsuccessful health officers is that they are not adequately paid for the work they are expected to do. This excuse is sometimes true, and of course it should have some weight; but not too much weight. A man may decline to accept an office on the ground that the salary is inadequate; but if he accepts the office knowing what salary is attached to it, he is then in good faith bound also to accept the duties that are also attached to it. In the meantime there should very rarely be any special trouble in regard to the salaries of county health officers. The law covering the whole issue is plain. It is the duty of the county board of health to elect a county health officer, and to see to it he does his duty—he being the servant of the board and subject to the board's orders. It is the duty of the court of county commissioners to pay the county health officer so elected a fair salary for the work he has to do, to see that he gives bond for a faithful performance of said work, and to see that the said work is properly done. It is not left to the court of county commissioners to pay something or nothing as they please. They must pay something, and that something must be a fair and reasonable compensation.

These general principles being clearly understood, we desire to call the special attention of the county boards of health to the following special regulations:

(1) The county boards of health must hold such meetings as may be necessary for the proper discharge of their duties under the law; and for the proper supervision of the work of the county health officer.

(2) They must make out the annual reports as required by the rules of this board and by the law of the state for submission to the courts of county commissioners, and to the state board of health, such reports to include, in addition to the statistical tables, reports on the sanitary conditions of their respective counties, discussions of prevalent diseases, and the condition of jails, poor-houses, and other public institutions.

(3) In the statistical tables they must arrange the cases and classify the causes of death in accordance with the classification and nomenclature approved by the state board of health; and must insist that all death certificates shall be made out in accordance with said classification and nomenclature.

(4) Ordinarily the doctors and midwives are perfectly willing to make returns of their births and deaths; and a little wise management on the part of health officials is all that is needed to obtain said returns promptly and regularly. But if there should occur cases of willful and persistent negligence—cases of doctors or midwives who perversely or habitually disobey the law—against all such the county boards of health must enforce the legal penalties.

(5) If any county health officer should prove inefficient—no matter for what reason—he must be removed and some one else put in his place. This is a matter of business and must be done from a purely business standpoint.

(6) The county boards of health must, at least once in every year, procure reliable vaccine for the use of the physicians of their counties, and must systematically encourage the vaccination of the people.

(7) They must specially impress on the communities they serve, the importance for sanitary purposes of subsoil drainage, and encourage the practice of it on all suitable occasions.

(8) In a word, our county boards of health must recognize fully and clearly that they are in very fact the guardians of the public health, and the responsible administrators of the health laws of the state; that they are clothed with legal authority and legal responsibility; and that the people of the state, and the medical profession of the state, expect them to do their duty, and their full duty. They must magnify their work, and prove themselves worthy of the confidence that has been reposed in them.

ADDRESS TO THE COURTS OF COUNTY COMMISSIONERS.

We desire respectfully to call the attention of the courts of county commissioners to the importance of a proper execution of the laws for the supervision of the public health and for the collection of vital statistics; and to invoke their cheerful and earnest co-operation with us to the end that the beneficent purposes of these laws may be accomplished with the utmost possible thoroughness.

We make this appeal because the county boards of health are largely under our control; because we are anxious to make them efficient and useful; and because they can not be either without the encouragement and support of the county authorities.

The duties of the county boards of health, and of the county health officers, are clearly specified in the Code of Alabama, beginning at section 1281; and in connection with these duties are also given the corresponding duties of the courts of county commissioners. We do not dwell here on the value of the work entrusted to the county boards of health and the county health officers; because this value is self-evident

and is appreciated by communities just precisely in proportion to their advancement in civilization. Besides, its sufficient vindication is that the law requires it to be done.

Since vital statistics are the foundation stones to all sanitary science, as well as of much social and political science, the collection of vital statistics is wisely made obligatory in the law. Other sanitary work is to be done in proportion to the means furnished by the county commissioners; but the collection of vital statistics must be done any how, and must be paid for. The county boards of health, and the beat officers work without pay. The county health officers, the executive agents of the county boards, receive salaries to be fixed by the courts of county commissioners. Of course the county commissioners have considerable discretion in fixing these salaries; but it is equally a matter of course that the county health officers are entitled to fair and reasonable compensation.

Here emerges the question as to how this fair and reasonable compensation is to be determined. As a general thing this question should be settled for each county by consultation between the court of county commissioners and the county board of health. We do not desire that any county should pay more than the work is worth; and it is our earnest wish that every county health officer shall be held to strict accountability. If the county health officer does not do good and faithful work let his pay be diminished in proportion to his failure so to do. Here, again, the county commissioners should be able to get reliable information from the county board of health; and they can always find an unbiased opinion of the way this work is done in the several counties in the annual reports of the state boards of health.

It will be seen from the whole drift of our argument that we are anxious to promote good understanding and earnest co-operation between the county commissioners and the county boards of health, so that they may work together for the common good of their people in a spirit of generous emulation. This point once reached all the rest becomes easy.

Besides the salary of the county health officer, there are some incidental expenses that should be paid by the county commissioners.

(1) There should be provided in every county, a Register of Births; a Register of Deaths; and a Medical Directory. These books should be substantially bound and of sufficient size to last a number of years, and they should be carefully preserved along with the other records of the county.

(2) Every beat officer should have a register of births and deaths—a single volume of moderate size, and small cost. These beat registers are not absolutely indispensable, but they are greatly to be desired. They would guarantee good work on the part of these officers; they would soon become of considerable interest as local records; and if the county registers should be destroyed, they might be reproduced from these beat books. The beat officers get no pay, and they are entitled to this small encouragement.

We do not hesitate to assert that the health laws of Alabama are superior to those of any other state in the Union. If they are sufficiently administered they can not fail to be productive of immense benefits to the state and to the people of the state. With the proper co-operation between the courts of county commissioners and the county boards of health, the administration of these laws will be easy. To secure this co-operation is the object of this address.

AN ORDINANCE TO BE ENTITLED AN ORDINANCE TO SECURE THE PUBLIC HEALTH.

ARTICLE I.—*The Board of Health.*

SECTION 1. *Be it ordained, by the Mayor, Aldermen and Common Council of the City of Mobile,* That it shall be the duty of the board of the city of Mobile, organized under the provisions of an act of the general assembly of the State of Alabama, incorporating the Mobile Medical Society, passed in the year 1843, and renewed in 1866; and also in accordance with the act of the general assembly passed at the extra session in February, 1875, establishing boards of health in the State of Alabama: To supervise the administration of all the health laws of the city; to examine into all cases of malignant, pestilential, infectious and epidemic diseases which may occur in the city, and the causes thereof; to examine into all such nuisances as may tend to endanger the health of the city, and take such steps as may be necessary for their removal; to exercise a general supervision over the sanitary regulations of all municipal institutions, including hospitals, markets, asylums, prisons, and public schools; to superintend all matters pertaining to quarantine and the quarantine physician, and direct all measures of detention, disinfection and purification of vessels, cargoes and passengers coming from ports against which quarantine may have been proclaimed.

SEC. 2. *Be it further ordained,* That whenever it shall appear to the board of health that any pestilential or infectious disease has made its appearance in the city, said board shall take such measures as to them may seem expedient and necessary to prevent the spread of such disease; and any person failing to comply with the requirements of the board of health in such cases shall forfeit and pay such fine as the mayor may impose, not exceeding fifty dollars; that no person laboring under any contagious, infectious or other disease dangerous to the public health, shall be removed from one place to another within the city limits without the permit of the board of health, under such penalty as the mayor may impose, not exceeding fifty dollars.

SEC. 3. *Be it further ordained,* That it shall be the duty of every physician, or other person practicing medicine in the city of Mobile, to report to the board of health every case of small-pox, yellow fever, or other infectious, contagious or pestilential disease which he may be called upon to treat within the city limits, and report to be made within twenty-four hours after he shall have ascertained the character of the

case, and to specify the name of the patient and the locality of the house in which he is to be found; and for every violation of this provision the guilty party shall forfeit and pay such sum as the mayor may impose, not exceeding fifty dollars.

That every citizen upon whose premises there may occur any case of small-pox, yellow fever, or other infectious or pestilential disease, not under the charge of any physician, shall in like manner report the facts to the board of health, under such penalty for failure so to do as the mayor may impose, not exceeding fifty dollars.

But, whenever any disease has become epidemic, the board of health may, at their discretion, declare it unnecessary to report further cases.

SEC. 4. *Be it further ordained*, That whenever, in the opinion of the board of health, the services of the city engineer, or the city attorney, or of the street commissioners, shall become necessary for the furtherance of the sanitary interests of the city, such services shall be rendered on the requisition of the board with the approval of the mayor.

That whenever, in the opinion of the board of health, it becomes advisable for the furtherance of the sanitary interests of the city to have the assistance of the police, they shall make application to the mayor, stating the number of policemen required, the purposes for which they are required, and the probable length of time for which they may be needed, and if the mayor approves the application, he shall order the necessary detail to be made and placed for the time being under the orders of the board of health.

SEC. 5. *Be it further ordained*, That the board of health, at their first regular meeting after the first Monday in March of the present year, or as soon afterwards as practicable, and also at the first regular meeting after the first Monday in March of every second year thereafter, shall proceed to elect a health officer, said election to be notified to the mayor, that the health officer so selected shall hold his office for the term of two years from the time of entering upon his duties, or until his successor is duly elected and installed; that the health officer shall receive such salary as the city authorities may from time to time determine, to be paid as are the salaries of other city officers; that the health officer may be removed at any time by the board of health, for inefficiency or neglect of duty; that whenever a vacancy shall occur in the office of health officer the board of health shall proceed to elect a new health officer to serve for the remainder of the unexpired term, subject to all the conditions provided in the preceding part of this section.

SEC. 6. *Be it further ordained*, That the board of health shall employ some competent person, whose duty it shall be to act as druggist to the city dispensary, and to do the clerical work of the board of health; that said druggist and clerk shall be removable at the discretion of the board of health, and shall receive such monthly salary as the mayor and the city board may from time to time determine, to be paid as are the salaries of other employees of the city.

ARTICLE II.—*The Health Officer.*

SEC. 7. *Be it further ordained,* That the health officer shall be the executive officer of the board of health, and, under the direction and control of the board of health, shall exercise a general supervision over the sanitary interests of the city; that he shall make a circuit of observation, at least once in every week, to every part of the city; that in all cases where he may discover the existence of any agent which might prove dangerous to the health of the city, he shall cause any ordinance in existence for its correction to be enforced; that if there be no ordinance in existence competent to the correction of the evil, he shall make a full report of all the attending circumstances to the board of health, accompanied with his opinion of the necessity of extraordinary or special action; that he shall make diligent inquiry into all cases of malignant, infectuous or contagious disease which may occur in the city, cause immediate measures to be taken to arrest their progress, and report the facts to the board of health; that if he shall have cause to suspect the existence of any nuisance, or of any case of infectious or pestilential disease in any house or enclosure, he may demand entry into such place at any time between the rising and the setting of the sun; and if the owner or occupant shall refuse or delay to open the same and to permit a free examination to be made, he shall forfeit and pay for every such refusal such sum as the mayor may impose, not exceeding fifty dollars; that he shall keep on hand at all times, so far as possible, a supply of reliable vaccine virus, which he shall furnish to the physicians of the city, free of charge; that he shall also vaccinate indigent persons who may apply at the health office for that purpose; that he shall specially take measures to secure the vaccination of all unvaccinated persons dwelling within the vicinity of any house in which small-pox may exist; and if any person so exposed to small-pox shall refuse to be vaccinated, such person shall forfeit and pay for every such refusal such sum as the mayor may impose, not exceeding fifty dollars; that he shall, during the existence of quarantine, visit the quarantine station from time to time, and see that the requisite measures for securing the purposes of quarantine are effectually carried out; that he shall keep at the health office a book of complaints, in which any police-officer, or any citizen, may enter on record a report of any nuisance supposed to affect health which he may have observed, stating therein the locality and nature of the nuisance; that if any difficulty should arise in the removal of such nuisance, he shall make personal examination into the facts, and see that measures are taken to have the laws in relation thereto properly executed; and that he shall give to the prisoners in the city guard house whatever medical and surgical attention they may stand in need of.

ARTICLE III.—*The Registration of Births and Deaths.*

SEC. 8. *Be it further ordained,* That the health officer shall keep a book, to be entitled "The Register of Deaths," in which he shall make a registration of all deaths occurring in the city under such regulations

as may be prescribed by the board of health; that he shall supervise all certificates of death, to see that they are properly made out—the form of the certificate and the nomenclature of the disease to be such as may be prescribed by the board of health; that if the certificate is in proper form, he shall issue a permit authorizing the removal or burial of the body of the dead person; and without such permit no person who may die in the city of Mobile, shall be removed or buried by any sexton, undertaker, or other person, under such penalty as the mayor may impose, not exceeding fifty dollars; that if the certificate of death is in any way defective, he shall return it to the physician signing the same, for correction; and any physician failing or refusing to give such certificate in proper form shall be liable to such penalty as the mayor may impose, not exceeding fifty dollars; that in all cases of death in which no adequate certificate can be obtained from a physician, the health officer shall investigate the circumstances and make out the certificate required; except in such cases as may require the intervention of the coroner, when that officer shall be duly notified; that no dead body of any deceased person shall be brought into the city of Mobile from any other place, unless it is accompanied by a proper certificate of the cause of death; and if the death was caused by small-pox, yellow fever, or any other infectious or pestilential disease, not unless the permit of the board of health has been first obtained, under such penalty as the mayor may impose, not exceeding fifty dollars.

SEC. 9. *Be it further ordained*, That every physician and midwife, and every other person who may attend any case of midwifery, within the limits of the city of Mobile, shall make to the health officer a report of every such case within one week after the date of the occurrence, specifying the names of the parents, the date of the birth, and the sex and color of the child, under such penalty for failure so to do as the mayor may impose, not exceeding fifty dollars; and these reports shall be recorded by the health officer in a book to be kept for that purpose, and to be entitled, "The Register of Births."

ARTICLE IV.—*The City Hospital.*

SEC. 10. *Be it further ordained*, That the health officer shall examine all persons who make application for admission into the city hospital, and shall give permits to such as he may find entitled to receive the benefit of that institution; that is to say, to such as require such medical treatment as can not be given at the city dispensary, and are at the same time fit subjects for public charity. That the health officer shall visit the city hospital in company with the hospital committee of the city boards whenever the said hospital committee desires him to do so; and shall make such inspections and examinations as said hospital committee may require. That the physician of the city hospital, or other person in charge of the books and records of the city hospital, shall make to the board of health a weekly report, to contain the following items, namely: the name of every patient received into the hospital, the date of admission, the name of the disease or injury for which

he may be treated, the result of the treatment, the termination of the case, the date of discharge or decease, as the case may be, together with such other details as the board of health may require. That the health officer shall keep a book, to be entitled "The Register of the City Hospital," in which shall be registered the following items, namely: the name of every patient admitted into the hospital, together with age, sex, color, nationality, the name of disease, where contracted, and when contracted, the date of admission into the hospital, the date of discharge from the hospital, and whether discharged by recovery, by death, or for some other cause, together with any additional details which the board of health may require.

ARTICLE V.—*The City Dispensary.*

SEC. 11. *Be it further ordained,* That a city dispensary shall be established, to be under the direction and control of the board of health, and the supervision of the health officer, at which the sick poor of the city who are not proper subjects for admission into the city hospital, may receive medicines and medical and surgical treatment free of charge; that this dispensary shall be located in the dispensary rooms of the medical college, with the consent of the faculty thereof, and on condition that the faculty of said college shall furnish at regular and stated hours of the day, and on every day of the week except Sunday, all the medical and surgical attendance that may be necessary to accomplish the object intended; that it shall be furnished with medicines at the expense of the city on requisitions certified by the health officer, and approved by the president of the board of health and mayor; that the health officer shall keep a book, to be entitled "The Register of the City Dispensary," in which there shall be made a full record of all persons who may receive dispensary aid, specifying dates, names, ages, sexes, colors, nationalities, descriptions of diseases or injuries, character of treatment, and results of treatment when known.

ARTICLE VI.—*The City Pest-House.*

SEC. 12. *Be it further ordained,* That the city pest-house shall be conducted under the direction and control of the board of health, and the supervision of the health officer; that care shall be taken to keep the buildings in proper repair and ready for reception of patients; that whenever, in the judgment of the board of health, it becomes necessary to open the pest-house for the reception of persons afflicted with pestilential or contagious diseases, the board of health shall communicate the fact to the mayor, together with such recommendations as the occasion may seem to require; that if the mayor grant the requisite authority, the board of health shall proceed to employ a physician to the pest-house, together with such other attendance as may be needed; to procure all necessary supplies; and to prescribe the necessary rules and regulations for its efficient management; that the health officer shall keep a book, to be entitled "The Register of the City Pest-house," in which shall be registered the names, ages, sexes, colors, nationalities, diseases, dates of admission, dates of discharge, deaths, and recov-

eries, together with such other details as the board of health may think proper.

ARTICLE VII.—*Reports, Etc.*

SEC. 13. *Be it further ordained*, That the health officer shall make to the board of health regular weekly reports of all the business done in connection with his office, including the report of the sanitary condition of the city, the report of births and deaths, the report of the city dispensary, the report of the city pest-house (when that institution is open for the reception of patients), together with such other information as the board of health may require. That the board of health shall make to the mayor and municipal boards, on the first of every month, a full report of the operations of the health department for the preceding month, said report to include a summary of the weekly reports of the health officer, together with such other information and such recommendations as to the board of health may seem advisable. That the board of health shall also make to the mayor and the municipal boards, about the first of every year, a full report of all the operations of the board for the preceding year, said report to include the vital and sanitary statistics of the city, together with such other information as to the board of health may seem advisable.

SEC. 14. *Be it further ordained*, That the board of health shall make no expenditures, except such as may be authorized by existing ordinances, or such as may be authorized, from time to time, by special action of the mayor, or of the municipal boards.

SEC. 15. *Be it further ordained*, That all ordinances and parts of ordinances conflicting with the provisions of this ordinance, be, and are hereby repealed.

CHAPTER V.

THE ETHICAL RULES OF THE ASSOCIATION.

SUMMARY OF CONTENTS.

The Code of Ethics of the American Medical Association—Of the Duties of Physicians to Their Patients, and of the Obligations of Patients to Their Physicians—Of the Duties of Physicians to Each Other, and the Profession at Large—Of the Duties of the Profession to the Public, and of the Obligations of the Public to the Profession—The Ethical Ordinances of the Association—An Ordinance in Relation to Medical Ethics—An Ordinance in Relation to Fee Bills—Commentaries and Explanations—Medical Contracts—Treatment of Patients of Irregular Doctors—Remarks on the Ordinance in Relation to Fee Bills—The Oath of Hippocrates.

The Ethical rules of the Medical Association of the State of Alabama include: (1) The Code of Ethics of the American Medical Association; (2) Such Ethical Ordinances as the said State Association may from time to time pass for the government of its members. These are all subjoined, corrected to date, together with such Commentaries and Explanations as have seemed necessary for their better comprehension.

THE CODE OF ETHICS OF THE AMERICAN MEDICAL ASSOCIATION.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS, AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ART. I.—*Duties of Physicians to their Patients.*

SECTION 1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the

more deep and enduring, because there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office, reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, so as to inspire the minds of their patients with gratitude, respect and confidence.

SEC. 2. Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services; none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by the physician except when he is imperatively required to do so. The force and necessity of this obligation are, indeed, so great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

SEC. 3. Frequent visits to the sick are, in general, requisite, since they enable the physician to arrive at a more perfect knowledge of the disease,—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

SEC. 4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease, but he should not fail, on proper occasions, to

give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be the minister of hope and comfort to the sick; that by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

SEC. 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty which is independent of and far superior to all pecuniary consideration.

SEC. 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

SEC. 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offense, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ART. II.—*Obligations of Patients to their Physicians.*

SECTION 1. The members of the medical profession, upon whom is enjoined the performance of so many important and

arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require that their patients should entertain a just sense of the duties which they owe to their medical attendants.

SEC. 2. The first duty of a patient is, to select as his medical adviser one who has received a regular professional education. In no trade or occupation do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

SEC. 3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should also confide the care of himself and family, as much as possible, to one physician; for a medical man who has become acquainted with the peculiarities of constitution, habits and predispositions of those he attends is more likely to be successful in his treatment than one who does not possess that knowledge. A patient who has thus selected his physician should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

SEC. 4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms and

causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

SEC. 5. A patient should never weary his physician with a tedious details of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business nor the history of his family concerns.

SEC. 6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own erude opinions as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

SEC. 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him; and when he does receive them, he should never converse on the subject of his disease, as an observation may be made without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act

in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

SEC. 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reason for so doing.

SEC. 9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay, during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

SEC. 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character that no mere pecuniary acknowledgment can repay or cancel them.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND THE PROFESSION AT LARGE.

ART. I.—*Duties for the support of Professional Character.*

SEC. 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members, —should avoid all contumelious and sarcastic remarks relative to the faculty, as a body; and while, by unwearyed diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

SEC. 2. There is no profession, from the members of which greater purity of character and a higher standard of moral excellence are required, than the medical; and to attain such

eminence, is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he can not command their respect and confidence ; and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding ; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life of a fellow creature.

SEC. 3. It is derogatory to the dignity of the profession to resort to public advertisements or private cards or handbills, inviting the attention of individuals affected with peculiar diseases—publicly offerinf advice and medicine to the poor gratis, or promising radical cures ; or to publish cases and operations in the daily prints, or suffer such publications to be made ; to invite laymen to be present at operations ; to boast of cures and remedies ; to adduce certificates of skill and success ; or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

SEC. 4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or medicine ; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or others ; for, if such nostrum be of real efficacy, any concealment in regard to it is inconsistent with beneficence and professional liberality ; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional services of Physicians to each other.*

SECTION 1. All practitioners of medicine, their wives, and their children, while under parental care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician

afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who, by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But if a distant member of the faculty, whose circumstances are affluent, requests attendance, and an honorarium be offered, it should be declined; for no pecuniary obligation ought to be imposed which the party receiving it would wish to incur.

ART. III.—*Of the duties of Physicians as respects vicarious offices.*

SECTION 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he can not be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties. In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety, and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the duties of Physicians in regard to Consultations.*

SECTION 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations, the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner who has a license to practice from some medical board of known and acknowledged respectability, recognized by this Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

SEC. 2. In consultations, no rivalry or jealousy should be indulged; candor, probity, and all due respect should be exercised towards the physician having charge of the case.

SEC. 3. In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true nature of the case. Both physicians should then retire to a private place for deliberation, and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered which are not the result of previous deliberation and concurrence.

SEC. 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which

they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment as any subsequent unexpected change in the character of the case may demand. But such variation, and the reasons for it, ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician, if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

SEC. 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultations together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But, as professional engagements may sometimes interfere and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will, of course, see the patient and prescribe; but if he be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing and under seal*, to be delivered to his associate.

SEC. 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time; for there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

SEC. 7. All discussions in consultations should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success, as well as the blame of failure.

SEC. 8. Should an irreconcilable diversity of opinion occur

when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen that two physicians can not agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But, in the event of its occurrence, a third physician should, if practicable, be called to act as umpire; and, if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any farther deliberation in the consultation, or participation in the management of the case.

SEC. 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may reasonably be expected.

SEC. 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ART. V.—*Duties of Physicians in cases of interference.*

SECTION 1. Medicine is a liberal profession, and those ad-

mitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

SEC. 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made—no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

SEC. 3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

SEC. 4. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been notified that his services are no longer desired. Under such circumstances, no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth will permit; for it often happens that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

SEC. 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

SEC. 6. It often happens, in cases of sudden illness, or of

recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates should request the family physician, if there be one, to be called, and, unless his farther attendance be requested, should resign the case to the latter on his arrival.

SEC. 7. When a physician is called to the *patient of another practitioner*, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case. [The expression, "*patient of another practitioner*," is understood to mean a patient who may have been under the charge of another practitioner at the time of the attack of sickness, or departure from home of the latter, or who may have called for his attendance during his absence of sickness, or in any other manner given it to be understood that he regarded the said physician as his regular medical attendant.]

SEC. 8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no further than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

SEC. 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with which might justly be claimed.

SEC. 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery

is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ARTICLE VI.—*Of differences between Physicians.*

SECTION 1. Diversity of opinion and opposition of interest, may, in the medical as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and can not be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court-medical*.

SEC. 2. As a peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which can not be understood or appreciated by general society, neither the subject-matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ARTICLE VII.—*Of pecuniary acknowledgments.*

Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ARTICLE I.—*Duties of the profession to the public.*

SECTION 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to

qnarantine regulations—the location, arrangement and dietaries of hospitals, asylums, schools, prisons, and similar institutions—in relation to the medical police of towns, as drainage, ventilation, &c.—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

SEC. 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests, and courts of justice, on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a *post-mortem* examination, it is just, in consequence of the time, labor, and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

SEC. 3. There is no profession, by the members of which eleemosynary services are more liberally dispensed, than the medical; but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain of the public duties referred to in the first section of this article, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform military duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

SEC. 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of

quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as Professors in Colleges of Pharmaey, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ARTICLE II—Obligations of the public to Physicians.

SECTION 1. The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumption of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute-books to exhibit the anomaly of exacting knowledge from physicians, under a liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

Resolved, That this Association recognize Specialties as proper and legitimate fields of practice.

Resolved, That Specialists shall be governed by the same rules of professional etiquette as have been laid down for general practitioners.

Resolved, That it shall not be proper for Specialists publicly to advertise themselves as such, or to assume any title not specially granted by a regularly chartered college. (See Transactions of Am. Med. Asso. vol. xx.)

THE ETHICAL ORDINANCES OF THE ASSOCIATION.

An Ordinance in relation to Medical Ethics.

Be it ordained by the Medical Association of the State of Alabama, That the following rules are hereby approved and made part and parcel of the Code of Ethics of this Association, namely:

(1) A physician, as a member of a liberal profession, should found his expectation of employment on his professional attainments and character, and not on methods resorted to in trade,— always bearing in mind that professional service is to be sought by those needing it, and not to be volunteered.

(2) He should not append his name, or permit it to be appended, to certificates in laudation of speculative health resorts, or health excursions, or of nutritive or dietetic preparations, or of proprietary formulae, or of wines, or mineral waters, or beverages of real or supposed medicinal efficacy, or of other medicinal or hygienic articles or surgical materials.

(3) He should not practice by contract or for a stated salary for any university, college, or boarding school; nor for any pay hospital, or mineral springs, or other health resort; nor for any workshop, or mining, or manufacturing, or other industrial establishment, nor undertake to do any special service in his private practice, by special agreement of contract, for a stated sum.

(4) He should not make examinations for life insurance, or for admission into any charitable, mutual benefit, co-operative, or protective company or association except by separate charge for each separate examination, and at recognized and established rates.

(5) He should not, directly or indirectly, extend any sort of professional service or advice to patients under the care of homeopathic or irregular practitioners, no such service or advice being allowable until the homeopathic or irregular practitioner has been formally and permanently discharged from all further attendance upon the case; and all physicians under the ban of any local society should be treated in every way as irregulars.

AN ORDINANCE IN RELATION TO FEE BILLS.

WHEREAS, in some localities there may be more than one medical society, or members of the medical profession not members of any society, who are equally interested in the objects for which fee bills are made; therefore,

Be it ordained by the Medical Association of the State of Alabama, That for county medical societies in this state to undertake, in any way, the regulation of charges for medical

services, is unwise and impolitic in itself, and likely to result in some disturbance of the harmonious relations which ought to subsist between the members of the societies and the members of the profession outside of the societies; and this because the regulation of professional charges belongs of right, and from immemorial times, and according to the most natural construction of the code of ethics, to the medical profession as such, and not to special medical organizations.

COMMENTARIES AND EXPLANATIONS.

MEDICAL CONTRACTS.

It is evident to any one who has carefully studied the past and present of the medical profession that the spirit of trade which has become so powerful for both good and evil in our modern civilized communities as to warrant Carlyle's famous maxim, commerce is king; it is evident, I say, that this spirit of trade has been for some generations slowly undermining and subverting the traditional principles of our professional ethics—slowly, indeed, but so surely as to threaten to drag the practice of medicine into the dust, and to make that also a matter of bargain and sale—in a word, to degrade it into a trade.

Something has been done from time to time in our medical organizations in opposition to this vicious tendency and drift of things, but it is still certain that a great deal remains to be done.

It was, for example, largely to this end that the American Medical Association, in the very beginning of its career, promulgated the famous code of ethics which is now the recognized law of the American medical profession. This furnishes, in many respects, an admirable guide for the government of physicians in their intercourse with one another, and with the general public, and as long as we follow the spirit of its teachings, we are not likely to go wrong. But it is difficult to make any code so comprehensive as to include express rules for all of the various occasions that arise in the complex course of professional experience; and it is at the same time unfortunately true that nothing less than the express letter of the law is sometimes sufficient to restrain some members of the profession from engaging in questionable practices, when such practices hold out the flattering promise of pecuniary advantage.

Thus, for example, while it has long been definitely understood that Article VII of the second subdivision of the code prohibits contracts for medical services in the cases of individuals and families, the rule has not prevailed to prevent contracts for the practice of plantations, work-shops, colleges, boarding schools, private hospitals, and many like institutions in which considerable numbers of persons are brought together.

This system of contract practice, indeed, obtained such prevalence in many parts of the country, and so many complaints in regard to it were sent up to the American Medical Association during the first several years that followed the war, that the association was obliged to take the matter in hand. At the annual session of 1871, after reaffirming the authority of the Code of Ethics, the association passed a resolution referring all cases of contract practice to the medical associations of the states of which the parties concerned were residents for adjudication.

This plan of settling the trouble seems not to have worked in a very satisfactory way; the subject continued to be agitated in the association from year to year; and finally the judicial council, in 1874, made a special report in regard to it, in which the application of Article VII of the second subdivision of the code (already referred to) to medical contracts were discussed and expounded with considerable circumstantial detail. The conclusions reached by the judicial council received the unanimous approval of the association, and have thus become part and parcel of the ethical law of the profession.

The material portions of the report in question are here subjoined: Extract from the report of the Judicial Council of the American Medical Association, made at the annual session held in Detroit in 1874.

The present Code of Ethics, while sanctioning a most liberal bestowal of gratuitous professional service to the poor, whether as individuals or in public charitable institutions, and in aid of the sanitary interests of communities, yet expressly prohibits the bestowal of such services on well-to-do individuals, endowed, mutual benefit, or any kind of money-making institutions, societies, or corporations. It also expressly prohibits all attempts to attract attention and make merchandise of charity, by ostentatiously parading before the public notices proffering services and medicines to the "poor gratis." We see no reason why this is not sufficient, so far as relates to the regulation of gratuitous services. To govern the matter of compensation, the code simply gives us the following general declarations: "Some general rules should be adopted by the *faculty*, in every town or district relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit." The aim appears to have been to allow sufficient variations in the rate of compensation to accommodate the varying habits and circumstances of different communities, and yet to bind each individual to an honorable compliance with the general rules established by his professional brethren. Such being the correct ethical principle, the difficulty consists in tracing and maintaining clearly its practical application. That the principle laid down in the paragraph just quoted is inconsistent with all contracts or agreements to attend individuals, families, companies, corporations, or any associations or institutions other than those of a strictly charitable character, for a specified sum per month or year, without regard to the amount of medical services that may be required in the time specified, no one can reasonably doubt. It seems

to us equally inconsistent with the ethical rule to enter into a contract with a manufacturing company to attend their employes, or with a school to attend its patrons or scholars, for a fixed sum per annum, to be derived from the levy of a certain percentage on the wages of the employes, or on the tuition fees of the students; for however plausible may be the humanitarian idea of securing for the employe or student adequate medical attendance when sick at the smallest average cost, the practical working of the system violates both the rule that compensation for medical services should be in accordance with the kind and amount of services rendered, and that every individual and family should be free to choose their own medical attendant without dictation or indirect restraint.

These observations do not apply to a certain kind of contract service sometimes required in connection with medical staffs of the army and navy, nor to the hospital tax on sailors in the marine hospital system, for reasons too obvious to require mention. One other subject requires a few moments attention. There is a class of public charitable institutions, such as county almshouses, orphan asylums, etc., supported by public taxation. In many of the states, the public authorities having control of such institutions have annually asked for bids from the profession, offering to award the contract for professional services to the one who should bid for the lowest pecuniary compensation.

While, as charitable institutions, any member of the profession might offer his services to such of the poor inmates as might ask for them gratuitously, yet the idea of asking the members of the profession to bid against each other for the pay for public professional services, is repugnant to every feeling of professional honor, and often productive of great injustice to the sick poor.

The public authorities, in all such cases, should fix just such rate of compensation for the medical services as they may deem best, and then appoint the best medical man who is willing to accept the compensation proposed. And we have no doubt that a proper attention to this subject on the part of the profession would secure the necessary change.

It is, however, very desirable to so manage all our pecuniary relations with the public, and especially with municipal and legislative authorities, that we may avoid creating the impression on the public mind that the profession and its social organizations are little better than mere trades-unions, having for their chief object mutual pecuniary protection.

THE WAR AGAINST MEDICAL CONTRACTS IN ALABAMA.

After the war, the emancipated negroes, of whom there were large numbers in the cotton region of Alabama, became responsible for their own doctor's bills, which had previously been paid by their owners. They were poor and improvident, and, as a rule, at the end of the year

they had nothing left, and the doctor had to go without pay. In North Alabama, the plan adopted was to require the landlord to become responsible for medical services rendered to his laborers, and in the state medical contracts never became general. In Central Alabama, the plan adopted was to require all the laborers on a plantation to contribute a stated sum per capita to make up a salary for the attending physician; and in this part of the state, outside of the towns, medical contracts became almost the rule, and payment by the visit almost the exception.

This was bad enough, but it was not the worst; for it frequently occurred that in the competition for practice the doctors resorted to the demoralizing expedient of underbidding one another, seeking to increase their clientele by offering the inducement of cheaper rates.

In this way, the evil assumed a very aggravated shape, and on several occasions became the subject of discussion in the State Medical Association, which finally referred the matter for adjudication to the county medical societies, under the following resolution, which was passed at the annual session of 1872:

That the Association acknowledges the Code of Ethics of the American Medical Association as the fundamental law of the profession in this country, and as obligatory upon all its members. That with reference to the contract system now under consideration, we deem any special legislation at this time to be inexpedient, and would refer the whole matter to the subordinate county medical societies for such action as in their judgement, in view of all the circumstances, may be deemed expedient.

In the course of the protracted contest, waged by the Mobile Medical Society against medical contracts, it was found necessary to adopt special rules of procedure suited to the emergencies of the occasion. As other societies may find themselves, if they should have to act under similar circumstances, exposed to embarrassments similar to those which confronted the Mobile Medical Society, it may serve a good purpose to put these rules in print. They are accordingly subjoined in the express words of the original resolutions in which they were embodied:

Resolutions Adopted by the Mobile Medical Society, April 5th, 1879.

WHEREAS, There is reason to believe that since the wholesale condemnation by the Mobile Medical Society of all unprofessional contracts for the practice of medicine, between physicians and benevolent and other societies, sundry arrangements have been resorted to, not expressly in the form of contracts, but intended to accomplish the same object indirectly, and at the same time to avoid breaking the letter of the law; be it therefore resolved:

(1) That it is the settled and inflexible purpose of the Mobile Medical Society to suppress here in Mobile county these unprofessional practices, no matter what shape they may assume; and that to this end the members of the Mobile Medical Society will for the future refuse consultation and all other forms of professional courtesy and recogni-

tion to all physicians in the county of Mobile who may practice by contract, or agreement, or any sort of understanding, express or implied, for any benevolent or other society, or body of persons, or who may practice for any such society or body of persons in any way that directly or indirectly infringes the ethics of the profession—that is to say, in any other way than by charging separately for every separate visit and service according to the established usages of the regular profession of medicine.

(2) That this rule is only intended to apply to violations of the established Code of Ethics, and therefore, does not apply to such contracts, of which the nature is well understood, as are excepted from condemnation in the reports, heretofore endorsed by this society, of the judicial council of the American Medical Association in annual session in Detroit in 1874.

(3) That on account of the difficulty of obtaining adequate proof in these cases, where from the beginning the intention is to conceal the unprofessional conduct so as to escape the penalty of the same, whenever any physician is arraigned on charges coming within the scope of these resolutions, he shall make satisfactory explanations to the society in relation to the matters charged against him, or else his culpability shall be taken for granted, and he shall be treated accordingly.

(4) That we are impelled to this action, not by any expectation, or even desire, of increasing the income of the medical profession in Mobile, since we have good reason to believe that it will have the contrary effect, but solely by our desire to maintain the honor and dignity of our profession, to preserve the authority of its ancient ethics, and to vindicate its ancient discipline—in a word, to prevent the degradation of an honorable profession into a mercenary trade.

TREATMENT OF PATIENTS OF IRREGULAR DOCTORS.

In 1874 the Mobile Medical Society unanimously approved the report and resolutions which are here subjoined, and which take a position on this question in advance even of the Code of Ethics of the American Medical Association :

“Your committee have carefully considered the ethical question submitted to them, and have to report as follows :

“The question is this, namely—whether it is justifiable in a regular physician, for the purpose of performing some special service, or of meeting some special emergency, surgical, obstetrical, or other, to visit a sick person under the care of a homeopathic or other irregular physician ; it being understood that no formal consultation is held with said homeopathic or irregular physician, nor any recognition of professional fellowship extended to him ?

“It is provided in section 1, article iv, of the professional code of ethics, that no irregular practitioner can be considered a fit association in consultation ; but there is no express provision of the code applicable to the case here in question.

"Nevertheless, your committee are of the opinion that the true spirit of the ethics, and at the same time the true policy of the profession, and both with unmistakable emphasis, prohibit all regular physicians from allowing themselves to be made use of under the circumstances mentioned. Regular physicians cannot, properly, visit patients who are at the time under the care of homeopathic or irregular practitioners; and cannot properly, leave patients in the hands of such practitioners after the performance of medical, surgical, or obstetric services.

"When the homeopathic or irregular practitioner has been formally and permanently discharged from all further attendance on the case, then the way is open for the ministration of the regular physician; but not until then. If to see the patient of a homeopathic or irregular practitioner is not a *quasi* consultation, it is at least to give him aid and countenance by helping him out of a difficulty—a sort of service which he has no right to expect at the hands of the regular profession. If it be urged that in such cases humanity requires of the physician that he should not refuse to a fellow creature the benefit of any knowledge or skill he may have, the reply is easy. The obligation of humanity is equally inbumbent on the family and friends of the sick person. It is left with them to decide whose services they will have; and if they decline to put the irregular physician out of the way, whatever blame there may be attaches to them and not to the regular physician who refuses to compromise his own dignity and the honor of his profession by incongruous and unworthy associations. Holding these opinions, your committee respectfully recommend the adoption of the subjoined resolution:

Resolved, That the members of the Mobile Medical Society will refuse professional fellowship and recognition to all regular physicians who may extend any sort of professional service to patients under the care of homeopathic or irregular practitioners, no such service or advice being allowable until the homeopathic or irregular practitioner has been discharged from all further attendance upon the case."

IRREGULAR DOCTORS AND IRREGULAR SYSTEMS OF MEDICINE.

Note.—All legal distinction between regular and irregular doctors has ceased to exist in Alabama. This section is however retained on account of the discussion in it of ethical irregularity.

The law to regulate the practice of medicine in Alabama provides that no person shall be permitted to practice any irregular system of medicine without having obtained a certificate of qualification in anatomy, physiology, chemistry, and the mechanism of labor from one of the authorized boards of medical examiners in the state. In view of this provision of the law it becomes necessary to determine the legal meaning of the phrase "*irregular system of medicine*."

At a first glance this may seem a very easy thing to do; but a little consideration will show that it is not so simple as it seems. The difficulty in the case grows out of the fact that legal irregularity, the irregularity contemplated by the law of the state, is one thing while ethical irregular-

ity, the irregularity contemplated by the law of the medical profession, is quite another thing; and these two kinds of irregularity, while they overlap in various ways, are not, to borrow a geometrical expression, strictly coterminous; that one and the same doctor may be regular, according to the legal construction of the word, and at one and the same time ethically irregular and under the ban of the profession as regards consultations and professional fellowship. The word "irregular" does not occur in the Code of Ethics of the American Medical Association; but certain things are therein indicated as derogatory to the dignity of the profession, as follows:

It is derogatory to the dignity of the profession to resort to public advertisements or private cards, or hand bills, inviting the attention of individuals affected with peculiar diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success; or to perform any other similar acts. These are the ordinary practices of quacks and empirics, and are highly reprehensible in a regular physician. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or medicine; or to dispense a *secret nostrum*, whether it be the composition or exclusive property of himself, or others; for if such nostrum be of real efficacy, any concealment in regard to it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

Indulgence in such practices as those mentioned would constitute ethical irregularity within the limits of the regular profession, and flagrant persistence in such indulgence would warrant exclusion from professional recognition.

This principle of ethical irregularity has been extended so as to prohibit consultation with physicians who place themselves in antagonism with the regular profession by the advocacy of exclusive dogmas, or by the assumption of special designations to serve them as trade marks.

In the code of ethics there occurs only a single passage in regard to this phase of the problem. It is in these words:

"But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology and organic chemistry."

Under the circumstances mentioned in this rule, if such circumstances should ever occur, and if the two practitioners were both intelligent and honest men, consultations would evidently be of no use, because, having entirely dissimilar views of diseases and remedies, two such men

could never agree as to treatment. We use here the qualifying phrase, "if such circumstances should ever occur," because there are no doctors now who avowedly reject either "the accumulated experience of the profession," or "the aids actually furnished by anatomy, physiology, and organic chemistry"; and none, except the homeopathic fraternity, whose practice is based avowedly on "an exclusive dogma," and even of the homeopaths, it may be gravely doubted whether their practice is based so exclusively on the dogma of *similia similibus curantur* as they pretend it is.

The most fundamental reason which makes it incumbent on the regular profession to refuse professional fellowship to physicians who claim to belong to other and different schools, is to be found precisely in this fact, that they have deserted from our ranks, have chosen to march under alien flags, have violated our discipline, and proclaimed to the world their own superior claims to the world's confidence, and especially to the world's patronage. Upon this reason is based the rule in regard to consultations of the Royal college of physicians of London, which is in these words:

"While the college has no desire to fetter the opinion of its members in reference to any theories they may see fit to adopt in connection with the practice of medicine, it nevertheless considers it desirable to express its conviction that the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public. The college, therefore, expects that all its fellows, members, and licentiates, will uphold these principles by discontenancing those who trade upon such designations."

In the great republic of medicine opinion is free. If a man in the treatment of diseases exhibits medicines not commonly used, does that make him an irregular? not at all. If a man treats diseases in accordance with some particular theory of their essential nature, does that make him an irregular? not at all. Within the ranks of the regular profession a man may entertain whatever theories of diseases he pleases; and in the treatment of diseases he may employ whatever medicines he pleases; and in the administration of medicines he may give whatever doses he pleases, and still no one will think of denouncing him as an irregular. He may be regarded as eccentric, or unsafe, or ignorant, but not as irregular. Amongst regular physicians there are eccentric, and unsafe and ignorant men. Amongst irregular physicians there are doubtless men who are not eccentric, who are not unsafe, and who are not ignorant.

Hahneman, the father of homeopathy, notwithstanding his eccentric doctrines—his doctrine of *similia similibus curantur*—his doctrine of dynamization and infinitesimal doses, and his doctrine of the fundamental pathological importance of psora—lived and died a member of the regular medical profession, and nobody dreamed of turning him out. The followers of Hahneman became irregulars when they, of their own

free will and accord, cut themselves off from the fellowship and discipline of the profession, and adopted for themselves a distinctive sectarian designation—a patent trade mark.

A little different is the history of the eclectics. They had their origin in the movement started two or three generations ago by Samuel Thompson, who denounced all the learning of the schools, tabooed all mineral medicines, and treated all the ills that flesh is heir to by lobelia, stimulation and steam. Being withal a thrifty man, this mode of treatment he patented, and this patent he peddled industriously through several states, selling the privilege of using it, together with a little book of instructions, for the sum of twenty-five dollars. A great many doctors were made by this summary process. They were commonly called steamers. A few of them still survive in remote rural neighborhoods, and some of these have been admitted to membership in the Eclectic State Medical Association. These people being engaged in the practice of medicine naturally began to read other medical books besides Thompson's little manual. As they read their ideas expanded; some of them began to write books themselves; and finally they assumed the name of botanics, and began to build up medical colleges. They made large use of the indigeneous *materia medica*, refrained from the employment of mineral remedies generally, and even amongst vegetable remedies denounced all the more powerful as dangerous poisons. The more these botanics taught and studied medicine the more their conception of its powers and resources widened. They began to use the feruginous tonics, and some of the salts of potash; and then they began, surreptitiously at first, to use that class of vegetable remedies which they had before denounced as poisons, such as the various preparations of opium, and the cinchona alkaloids. While this process was going on amongst them they became known as eclectics; and under this new name the same process of growth and appropriation has continued until now. All of their college bred men are in virtual agreement with the regular profession in their theory and practice of medicine, and in their *materia medica*. The name eclectic, by which they are still known, has degenerated into a trade mark, and even as such is unveracious and misleading. The men engaged in the practice of medicine who apply it to themselves say virtually to the people: We have something to offer you in the treatment of your diseases very different from anything you can get from members of the regular profession. But when they say this they say something that has hardly a shadowy vestige of truth left in it.

Having thus lost everything distinctive in the way of principles, and in the way of remedies, in the very nature of things they must cease to exist. As a matter of fact they are dying out. Their colleges are less numerous and less prosperous than before the war, and the number of their practitioners is continually diminishing, at least in Alabama, and in the south generally.

In the meantime, however, they remain ethically irregular—are ethically irregular for the very reason they separate themselves from

the regular profession by retaining a distinctive designation, and by practicing medicine under a trade mark.

But is this the sort of irregularity contemplated by the law? Evidently not so. Misled, just as the general public is, by imperfect information, the makers of the law were unquestionably under the impression that eclectics and homeopaths pursue systems of practice; that are different in some essential way from that pursued by the regular medical profession—different in pathological doctrines, or in the treatment of diseases, or in the remedies employed, or in the manner of their administration. Since the foregoing argument was written the American Medical Association has taken action in regard to the issue presented by the adoption at its New Orleans session of the following preamble and resolutions:

Whereas, Persistent misrepresentations have been and are still being made concerning the provisions of the Code of Ethics of the American Medical Association, which many, even in the ranks of the profession, are led to believe—as, for instance, that the Code excludes persons from professional recognition simply because of difference of opinion on doctrines—therefore

Resolved, *First*, That Clause I, Article IV, of the National Code of Medical Ethics, is not to be interpreted as excluding from professional fellowship on the ground of difference in doctrine or belief those who in other respects are entitled to be members of the regular medical profession. Neither is there any other article or clause in the said Code of Ethics that interferes with the most perfect liberty of individual opinion and practice.

Second, That it constitutes voluntary disconnection or withdrawal from the medical profession proper to assume a title indicating to the public an exclusive or sectarian system of practice, or to belong to an association or party antagonistic to the general medical profession.

Third, That there is no provision in the National Code of Medical Ethics in anywise inconsistent with the broadest dictates of humanity, and that the article of the Code which relates to consultation can not be correctly interpreted as interdicting under any circumstances the rendering of professional services whenever there is pressing or immediate need of them; on the contrary, to meet promptly the emergencies of disease, or accident, and to give a helping hand without unnecessary delay is a duty fully enjoined on every member of the profession, both by the better and the spirit of the Code. But no such emergencies or circumstances can make it necessary or proper to enter into formal professional consultations with those who have voluntarily disconnected themselves from the regular medical profession in the manner indicated by the preceding resolution.

REMARKS ON THE ORDINANCE IN RELATION TO FEE BILLS.

The ordinance in relation to fee-bills was passed at the annual session of the Association held in Birmingham in 1877.

In order that it may be fairly understood, the argument which was submitted in connection with it by Dr. Jerome Cochran is here appended:

There is hardly any other question in connection with the practice of medicine that has more frequently led to the disturbance of professional harmony than the question of medical fees.

The principle of commercial competition, which has been accepted in so many of the departments of human industry and enterprise, as perfectly legitimate in the regulation of prices, has been held by the learned professions of all ages and countries as dishonorable and degrading. In the medical profession, especially, it has always been regarded as in the highest degree disreputable for physicians to seek to acquire popular reputation and to attract practice by offering to the community the inducement of low fees; and this, too, not because physicians have thought it to be legitimate to speculate in human suffering, and to convert the hopes and fears of their patrons into instruments of extortion. On the contrary, it has always been a maxim of the profession that the poor also were entitled to the benefit of their ministrations as well as the rich; and the physician's skill has never been rated at inflexible fixed prices like commodities that are sold in the market. "The poor," says Boerhaave, "are the best customers, because God will be the paymaster;" and amongst all of the older writers on medical ethics, we find that any compensation which a physician receives, is mentioned rather as an honorarium freely bestowed, than as a debt collected. Indeed, it has been the rule with some of the most illustrious members of the profession never to make out bills, or to fix any specific price upon services. This is said to have been the case with Sir Astley Cooper, the most successful of English surgeons; and with Von Graefe, the great German oculist, recently deceased; both of whom were accustomed to leave the question of compensation to be settled by the gratitude and generosity of their patients.

I quote here, as entirely suited to the object I have in view, a paragraph from the very excellent code of ethics adopted by the New York State Medical Society in 1823, as follows:

"The fees for the compensation of medical services are regulated by the value of currency and the price of necessaries in different countries and cities; by the customs approved and established among experienced and reputable practitioners, and sometimes by a recorded rate of charges such as individuals belonging to any trade or profession adopt by general consent. It must be recollected, however, that this last mode has been forbidden physicians and surgeons, in their corporate capacity, by a resolution of the State Medical Society of New York, in the year 1817. This is in conformity to the common law of England, according to which services rendered by advice cannot constitute a pecuniary debt, and much less in the medical profession, which "is too honorable," said a chief justice of that country, (Lord Erskine) "to be subjected to a defined rate of charges." It follows, from this, that medical services are not legally entitled to remuneration, except for the

employment of time, medicines and personal labor in attending upon the sick. But public opinion in a civilized nation, and among the more enlightened classes of society, will always highly estimate and liberally compensate medical services."

The principle here stated as the common law of England, became, of course, the common law of the English colonies in America, and remained the common law in many of these colonies after they became States of the American Union. We Americans, however, are a progressive people, and in the course of time many of the antique fashions and conservative principles of our English ancestors were thrown aside, this amongst the number. Medical colleges multiplied apace in the land, and the multiplication of colleges led, very naturally, to the multiplication of doctors, and the declension of the standard of qualification. Not to go into the details of this retrogressive movement, it is sufficient to say that the evil influence at work soon went far towards the degradation of a liberal profession into a trade; and led, amongst other things, to enactment by most, perhaps by all, of the states, of statute laws enabling doctors to collect medical bills in the courts according to the rates of charges common in the localities where the practice is done.

For myself, although the declaration will no doubt appear eccentric to the members of this Association, I have no hesitation to avow my own preference for the old common law system, as being much nobler than the system of our American Statutes. As Sir Benjamin Brodie has expressed it, "Medicine is one of the noblest of the professions, but the worst of all possible trades;" and whatever has a tendency to assimilate medicine to the level of the trades, has a tendency to demoralize it.

But this, although illustrative of the principles upon which our discussion must proceed, is still somewhat of a digression. Let us return to the subject more immediately in hand.

The rule at present in force in this country in relation to medical fees is that contained in Article VII of the Code of Ethics of the American Medical Association. It is in the words following:

"Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit."

The language of this section seems to be advisory, rather than mandatory. This is true, also, of all the provisions of the code of ethics, the measure of obligation being always expressed by 'ought,' or 'should' never by 'must' or 'shall.' Shall, indeed, occurs once or twice in the code; and 'must' about three times; but only in subordinate clauses and to avoid circumlocution.

The object of the code seems to be to make a statement of principles, which are of obligation, not simply because they have been endorsed by the profession, although this endorsement goes for something too, but chiefly because of their inherent propriety and righteousness.

But whether this provision be construed as mandatory, or as advisory, it does not necessarily imply the adoption of a formal schedule of charges, such as we find in what we call our fee bills. Any general agreement, whether tacit or expressed, no matter how arrived at, and no matter how flexible or how inflexible, it may be, is sufficient to fulfill the requirements of the code. As a matter of fact, fee bills have never been practicable at all in large cities; have never been much needed in country neighborhoods; and have been mostly patronized in small towns and in country villages. In my opinion, they have never been of much advantage anywhere. The rigorous uniformity of charges which they are intended to establish is always and everywhere impossible of accomplishment—impossible in the nature of things, and impossible because there are unreliable men in the medical as well as in other professions. In settling accounts for medical services physicians are obliged, by laws of higher obligation than the provisions of fee bills, to consider the financial condition of their patients; and in the feverish struggle for practice, which is but too often also a struggle for bread, there are always men who will take unfair advantages.

I do not believe that any fee bill was ever exactly observed; and I will say also that I do not believe that there ever has been a fee bill that ought to have been exactly observed. Indeed, the disadvantages in many directions of these procrustean devices are so many and so obvious, that they would long ago have fallen into complete disuse, but for the fact, that notwithstanding failure heaped upon failure, like Pelion upon Ossa, stares them everywhere in the face, physicians still entertain the delusive hope that in some way, by some cunning manipulation of professional charges, they can make additions—additions most devoutly to be desired—to their scanty professional incomes. They might as well try to lift themselves up to the moon by pulling at the tugs of their boots.

The evils they desire to remove are not to be reached in this way. A demoralized professional sentiment, added to a still more demoralized public sentiment, must of necessity lead to many unpleasant consequences.

For these there is but one remedy, and that remedy is not to be found in any miraculous powers attaching to idle resolutions, and to schedules of fees, no matter how adroitly contrived.

Nay, verily. The true remedy, the only true remedy, will then be found when the medical profession is purified of the dross and alloy which it contains in its own membership, when it comes to be a company of high-toned, honorable men.

But while I have gone somewhat out of my way to expose the inherent weaknesses of our prevalent fee bill system, I do not forget that in many localities it is regarded as the only available way of carrying out the injunctions of that article of the Code of Ethics which I have quoted, and that to the average American doctor, indeed, the thought never occurs that uniformity of professional charges can be obtained in any other way than by the promulgation of a fee bill. I take it for granted,

therefore, that for some time to come fee bills must be more or less accepted amongst us as necessary evils.

But while this question of medical fees and fee bills must continue to vex the medical profession, as such, there is no reason why it should be allowed to introduce discord into our medical organizations, and to embarrass them in their relations with the profession and with the non-professional public. It is to prevent these discords and embarrassments that I venture to ask that the association give its endorsement to the ordinance which I have presented for its consideration.

I know that it has been the custom for medical societies in this state to adopt fee bills for the guidance of their members. But in my judgment this has always been a custom of questionable propriety, and one that is far more honored in the breach than in the observance. It certainly finds no warrant in the Code of Ethics.

The Code of Ethics, indeed, ignores medical societies altogether. All of its provisions, from the first to the last, are intended for the behoof of the medical profession, as such, and for individual physicians simply as members of the medical profession.

The relations which exist, and which of right ought to exist, between the medical profession and the numerous medical societies which have sprung up in its bosom, is a problem which deserves more consideration than it has heretofore received, but it is one that I can not now undertake to discuss.

It is not upon medical societies that the code imposes the obligation of regulating fees, but upon the "faculty of the town or district," and the word "faculty" is always used in the code as a short designation for the collective medical profession. So that it seems plain to me that when medical societies undertake to enact fee bills, they place themselves in direct antagonism with the profession's fundamental law.

But still further. The end aimed at by the provisions of the Code of Ethics which I have quoted, is obviously to secure uniformity of charges in every town or district; and consequently any mode of procedure in the adoption of a fee bill which is calculated to defeat the accomplishment of this end, would be, on that account, inconsistent with the spirit of the ethics.

Now, it is evident that if a portion of the faculty in any town or district should adopt a schedule of charges without consultation with the rest of the faculty in said town or district, they would, by such exclusive action, furnish to the excluded party just cause of complaint, and at the same time subject themselves to the imputation of failing in the proper discharge of the duties which physicians owe to each other and to the profession at large.

Again. If one medical society has the right to adopt a fee bill, another medical society might also adopt a fee bill; and if there should be twenty medical societies in the same town or district, then every one of the twenty might also enact a fee bill; and no matter how widely these several fee bills might differ among themselves, they would all be equally legitimate.

And still again. If medical societies are entitled to the prerogative of making fee bills, then any other bodies of physicians may also assume the right to make fee bills, and it does not matter, so far as the principle is concerned, whether these bodies be large or small. The physicians of any town or district might, therefore, get together in little squads of ten or twelve, or of five or six, or even two or three, and every separate squad would have the ethical privilege of adopting for itself special rates of charges. Indeed, if this reasoning is to be allowed, every individual member of the profession might consistently claim the right to make his own fee bills according to his own will and pleasure.

In the smoke of this *reductio ad absurdum*, the authority of the Ethics is blotted out, and the result is the same as if there existed no ethical rule at all. From all these considerations, it seems to me that there is no safe position to be taken upon this subject, except the plain and simple rule of construction, that the provision of the Ethics in relation to pecuniary acknowledgments means exactly what it says, namely, that professional charges should be regulated by the "faculty, in every town or district," and not by separate sections of the faculty, whether these separate sections be large or small, or whether they be organized into medical societies or not.

But it is not alone upon the grounds of the abstract and general propriety of the principles which I have developed in the foregoing discussion, that I invoke the favorable consideration of the Association for the ordinance that I have presented, although this general argument seems to me to be quite conclusive. Some of the evils which I have indicated as possible, when medical societies undertake the regulation of fee bills, have already, in the State of Alabama, passed from the region of possibilities into the region of actualities, into the region of accomplished facts. It would, perhaps, serve no good purpose to make a record of these cases here, but some of them are known to some of the members of this Association. This question, therefore, has become one of present and practical importance, and it is therefore eminently proper that this Association should take it in hand and settle it so far as the State of Alabama is concerned.

In at least one other state, as has been indicated in another part of this paper, it has been settled already—namely, in the great State of New York.

Of the special circumstances which led the medical society of the State of New York to consider this question, I have no knowledge whatever. But that they were regarded as of very great importance is evident from the character of the action of a very remarkable clause in the society's constitution.

This clause I quote *uerbatim*, as follows:

WHEREAS, It is inconsistent with the dignity of the medical profession for physicians and surgeons, in their corporate capacities, to arrange and fix professional charges—

"*Be it therefore ordained*, That any member of this society who shall hereafter be guilty of promoting, favoring or encouraging the members

of any medical society in their corporate capacity, to form, support and fix medical charges, and who shall be convicted therefore before the said society, at any anniversary meeting, to the satisfaction of a majority of the members present, shall forever after be debarred from being received as a member thereof.

“Be it further ordained, That no corporate county medical society shall fix any medical charges, and such proceedings are hereby declared to be discountenanced by this society, and to be null and void and of no effect.”

THE OATH OF HIPPOCRATES.

“I swear by Apollo, the physician, and *Æsculapius*, and *Hygiea*, and *Panacea*, and all the gods and goddesses, that, according to my ability and judgment, I will keep this oath and its stipulation—to reckon him who taught this art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further, from the seduction of females or males, of freemen and slaves. Whatever, in connection with my professional practice or not, in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times! But should I trespass and violate this oath, may the reverse be my lot!”

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APPENDIX

TO THE

BOOK OF THE RULES

OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA,

Including all the Additions and Changes in the Constitution and Ordinances of the Association up to the year 1893.

MONTGOMERY, ALA.:

THE BROWN PRINTING CO., STATE PRINTERS AND BINDERS.

1893.



APPENDIX TO THE BOOK OF THE RULES.

THE NEW CHARTER.

SECTION 1. *Be it enacted by the General Assembly of Alabama, That James Thomas Searcy, President; Jacob Huggins, Senior Vice-President; Barclay Wallace Toole, Junior Vice-President; Thomas Alexander Means, Secretary; Walter Clark Jackson, Treasurer; and Jerome Cochran, George Augustus Ketchum, Edward Henry Sholl, Wilds Scott DuBose, John Brown Gaston, Samuel Dibble Seelye, William Henry Sanders, Charles Whelan, Peter Bryce, and Benjamin James Baldwin, Board of Censors; and their associates and successors of the Medical Association of the State of Alabama, be, and are hereby constituted a body corporate, under the name and style of the Medical Association of the State of Alabama, and by that name and style may sue and be sued, plead and be impleaded, and have a common seal, with power to change or alter the same at pleasure; and the corporation hereby constituted shall be recognized as the continuation of the corporation instituted under the same name and style by an act of the General Assembly which was approved on the 13th day of February, 1850, and which was composed of A. Lopez, J. Marion Sims, N. L. Meredith, Thos. W. Mason, J. A. English, T. A. Bates, W. B. Johnson and N. M. Jackson, and their associates and successors.*

SEC. 2. *Be it further enacted*, That this said corporation, the Medical Association of the State of Alabama, together with the county Medical Societies in affiliation therewith, shall be governed in accordance with the provisions of the constitution adopted by it at its annual session in Tuscaloosa in 1873, and also in accordance with the provisions of the several acts of the General Assembly which have been or may be enacted for the government of the said corporation; and the said corporation may, from time to time, enact or ordain such by-laws, regulations and ordinances for its government as to it may seem expedient, not in conflict with the laws of this State nor with the provisions of the said constitution of 1873.

SEC. 3. *Be it further enacted*, That the officers of the said Medical Association shall be, as provided for in the said constitution of 1873, as follows: One president, two vice-presidents, one secretary, one treasurer, and ten censors, to be elected according to the provisions of the said constitution, and with the powers and duties therein enumerated; and the Board of the ten Censors shall, in the intervals between the sessions of the said association, constitute the business and executive committee thereof, and shall have the full legal power and authority to act for the said association in the discharge of all its legal powers, duties and obligations.

SEC. 4. *Be it further enacted*, That in the said Medical Association of the State of Alabama, there shall be four classes of members, namely: (1) The members of the affiliated county societies; (2) Delegates, of which each affiliated society is entitled to two; (3) Counsellors, not to exceed one hundred (100) on the active roll, plus such number of life counsellors as may be transferred to the life roll after twenty years service on the active roll; and (4) Correspondents, all according to the provision of the constitution of 1873, with the privileges and duties as therein set forth;

Counsellors and Delegates only to be entitled to vote; and Counsellors alone to be entitled to hold office; and the Counsellors and Delegates, not less than twenty-five, present at any session of the Association, regular or called, to constitute a quorum competent for the transaction of any business that can legitimately come before any session.

SEC. 5. *Be it further enacted*, That the said association is hereby authorized and empowered to have and to hold by purchase, gift, grant, or otherwise, property, real, personal, and mixed, not to exceed in value two hundred thousand dollars, and to sell, hypothecate and dispose of the same at pleasure.

AN ACT TO PROVIDE FOR THE PAYMENT OF A CLERK FOR THE STATE BOARD OF HEALTH.

Be it enacted by the General Assembly of Alabama, That the sum of four hundred dollars a year, be, and the same is hereby appropriated for the salary of a clerk for the State Board of Health, to be paid by the auditor in monthly installments on the order of the presiding officer of said State Board of Health; and that this act shall take effect from and after its passage.

Approved February 18th, 1893.

AN ACT TO AMEND SECTION 4078 OF THE CODE.

Be it enacted by the General Assembly of Alabama, That section 4078 of the code be, and the same is hereby amended so as to read as follows: 4078 (4244). *Practicing medicine or surgery without certificate of qualification, fine.*—Any person practicing medicine or surgery in this State without having first obtained a certificate of qualification

from one of the authorized boards of medical examiners of this State, shall be guilty of a misdemeanor, and, on conviction thereof, shall be fined not less than twenty-five dollars, nor more than one hundred dollars.

Provided, That this act shall not apply to any doctors or physicians now practicing medicine in Alabama who are graduates of a reputable medical college, and have complied with the law by having their diplomas recorded by the judge of probate in the county in which they may be practicing medicine; and this act shall not apply to any physician who has practiced medicine in this State for the past five years.

This new statute is believed to be clear and explicit in the provision of a sufficient penalty to secure the enforcement of the law. We stand now in a better position than ever before, because the constitutionality of the law has been sustained in two decisions of the supreme court of the State. In the first of those cases, that of *Harrison v. the State*, it was held that even if a physician had a certificate of qualification, still he could not collect fees by law unless said certificate had been registered in the probate office of the county. In the case of *Brooks against the State*, after reviewing the objections that had been argued against the constitutionality of the law, the court sums up the argument by the declaration, "We find nothing in the civil aspect of the statute which offends the State constitution."

There are in effect two provisions in this proviso. The first is intended to protect from the criminal penalty—not less than twenty-five dollars, nor more than one hundred dollars—doctors who, like Dr. Brooks, have heretofore engaged in practice by having their diplomas recorded, but without having first obtained a certificate of qualification from an authorized board of medical examiners, as the law requires. It will be observed that this proviso applies only to physicians who had complied with the terms at the time of the passage of this statute, which was on the 18th of February of the present year, 1891. It will be observed, also, that this proviso applies only so far as to protect from prosecution the class of doctors mentioned whose diplomas have been recorded prior to the foregoing date in the counties in which at that time they were engaged in practice. If the diploma was recorded in some other county the exemption does not hold. This explanation seems to be in consonance with the intention of the general assembly in passing this proviso. But it is not at all certain that the proviso has the legal force it was intended to have. The words, "having complied with the law by having their diplomas recorded," stands in need of

construction. Having complied with what law? If they have complied with no law in recording their diplomas the proviso is certainly nugatory and of no effect, and they are not exempt from any penalty. But it will be best for our boards to respect the intention of the general assembly, and not to institute suits in this class of cases.

In the meantime it must be remembered that because the class of cases here under consideration may be exempt from the criminal penalty of the law, it does not, therefore, follow that they are legal practitioners of medicine. On the contrary, it is certain that they are not legal practitioners of medicine, and that they remain subject to all the civil penalties and disabilities incident to violation of the law. They cannot collect fees by law. They cannot become members of the county societies. And, by a ruling of the State medical association, they are not entitled to the privileges of consultation.

The second proviso, exempting from the penalty of the law physicians who have practiced medicine in Alabama for the last five years, is just so much surplusage. We doubt if it can apply to any body in the State, all practitioners of five years standing having already qualified under the law.

AMENDMENTS TO THE CONSTITUTION.

(1) To ARTICLE 47. The word "secretary"—the last word of the Article—is struck out, and the words "Senior Censor" inserted. Adopted at Selma, 1893.

(2) To ARTICLE 48. The whole article is struck out, and the article following inserted in its stead:

ART. 48. All funds and securities of the association shall be placed in such banks or depositories as may be from time to time designated by the Board of Censors, and shall be drawn out only on orders signed by the treasurer and countersigned by the president of the association and the senior censor. Adopted at Selma, 1893.

(3) To ARTICLE 51. This article is amended to read as follows:

ART. 51. The Board of Censors shall hold such meetings concurrently with the annual sessions of the association, and also from time to time such special sessions, to be called by the Senior Censor, as the business they may have on hand may seem to require; and the number of censors

present at any meeting shall constitute a quorum. During the intervals between the sessions of the association the Board of Censors shall be the authorized agents of the same in all matters pertaining to its general welfare; and may from time to time present for the consideration of the association such suggestions and recommendations as to them may seem advisable. Adopted at Huntsville, 1891. See also new charter, section 3.

(4) To ARTICLE 80. At the end of sub-section 1 the following words are added:

The Counsellors and Delegates present at any session of the association shall constitute a quorum for the transaction of business. Adopted at Huntsville, 1891. The new charter makes the quorum not less than twenty-five.

(5) To ARTICLE 80. The Annual Oration, the Monitor's Address, and the Report of the Historian come in properly between the orders of business numbered 4 and 5. They will probably come best in the evening session of the first day.

CHANGES AND ADDITIONS TO THE ORDINANCES.

(1) To the ordinance in relation to the committee of publication and its duties. In section (6) after "The Annual Message of the President;" insert "The Annual Reports of the two vice-presidents in order of seniority."

(2) To the same ordinance, section (8). After the "Annual Oration," insert "the Monitor's Address; the Report of the Historian."

(3) Section (5) of the Ethical Ordinances of the association as it appears on page 222 of the Book of Rules is repealed and abrogated.

(4) On page 40 of the Book of Rules fourth line from the top "three hundred dollars," should be "two hundred and fifty dollars, (\$250,00)."'

THE REVISION OF THE ROLLS.

Sections I and II of the following ordinance take the place of the sections correspondingly numbered on pages 20 and 22 of the Book of Rules. The remaining sections of the ordinance in relation to the revision of the rolls, beginning on page 20 of the Book of the Rules, remain unchanged.

AN ORDINANCE TO AMEND THE ORDINANCE IN RELATION TO
THE REVISION OF THE ROLLS.

Be it ordained by the Medical Association of the State of Alabama, That the Senior Censor, the Secretary and the Treasurer of the Association be and are hereby constituted a Committee on the Revision of the Rolls.

SECTION I.—*The order of the Revision of the Roll of the County Medical Societies.*

(1) That this said committee, at every annual session of the Association and after due consultation and before the time comes for the Association to proceed to the revision of the rolls, shall prepare three lists or schedules of the county medical societies for the use of the Association in making the revision of the roll of the county medical societies: The first list to contain, in alphabetical order, the names of all such county societies as have complied with the rules of the association in regard to representation, reports and dues; the second list to contain the names in alphabetical order of all such county societies as have complied with some of the rules of the association in regard to representation, reports and dues, but which have not complied with all of them, mentioning in connection with each society the delinquency, or the delinquencies charged against it; the third list to contain the names, in alphabetical order, of all such county societies as have failed entirely to comply with the rules of the association in regard to representation, reports and dues;

these three lists or schedules being entitled respectively, societies not delinquent, societies partially delinquent, and delinquent societies.

(2) That when the time comes, in the progress of the revision of the rolls, for the secretary to call the names of the county societies, he shall first call, consecutively, all the names on the first schedule above provided for; whereupon the President shall say: *You have heard the list of county societies which the secretary has just read, and which are reported as having complied with all the rules. If there is no objection these societies will be duly passed.* And the order will be made accordingly.

(3) Then the secretary shall, in like manner, call, consecutively, all the names in the second schedule above provided for, mentioning the delinquency in each case; whereupon the President shall say: *You have heard the list of county societies just read by the secretary, with the delinquencies respectively charged against them. If there is no objection these societies, notwithstanding their partial delinquencies, will be passed.* And the order will be made accordingly.

(4) Then the secretary shall, in like manner call, consecutively, all the names on the third schedule above provided for; whereupon the President shall say: *You have heard the list of county societies just read by the secretary as being delinquent in representation, reports and dues. If there is no objection these societies will be referred to the Board of Censors for investigation.* And the order shall be made accordingly.

(5) Then the President shall say: *Have all the county societies been called. Is there anything further to be done in regard to the roll of county societies?* If nothing further is suggested the President shall say: *The revision of the first roll is here ended. The roll of the county medical societies stands closed until the next annual session of this association.*

SECTION II.—*The order of the Revision of the Roll of the College of Counsellors.*

(1) That in like manner and after due consultation the committee on the revision of the rolls shall prepare seven lists or schedules of the counsellors of the association. The first list to contain in alphabetical order under the heads of grand senior life counsellors, grand senior counsellors, senior counsellors, and junior counsellors, the names of all such counsellors as have complied with the rules of the association in regard to attendance and dues, and against whom there are no charges pending. The second list to contain in like order the names of all such counsellors as may be delinquent in attendance or in dues, or against whom charges may be pending. The third list to contain the lists of all such counsellors as may have died since the last revision, or have offered their resignation, or have moved out of the State. The fourth list to contain the names of all grand senior counsellors of ten years standing. The fifth list to contain the names of all senior counsellors of five years standing. The sixth list to contain the names of all junior counsellors of five years standing. The seventh list to contain the names of all counsellors elect who have signed the pledge and paid the dues.

(2) these seven lists or schedules shall be designated respectively as follows: (1) The schedule of counsellors clear of the books; (2) the schedule of delinquent counsellors; (3) the schedule of miscellaneous counsellors; (4) the schedule of grand senior counsellors of ten years standing; (5) the schedule of senior counsellors of five years standing; (6) the schedule of junior counsellors of five years standing; (7) the schedule of counsellors elect who have signed the pledge and paid the dues.

(3) That when the time comes in the progress of the revision of the rolls for the secretary to call the roll of the

college of counsellors he shall first call consecutively all the names on the first of the lists provided for above; whereupon the President shall say: *You have heard the names of the counsellors just read by the secretary and reported to be clear of the books. If there is no objection they will be passed.* And the order shall be made accordingly.

(4) Then the secretary shall in like manner call all the names on the second list provided for above; whereupon the President shall say: *You have heard the names of the counsellors just read by the secretary and reported to be delinquent in their obligations to the association. Under the rules, and if there is no objection, these names will be struck from the roll of the college of counsellors, and of this they will be duly notified by the secretary.* And the order shall be made accordingly.

(5) Then the secretary shall in like manner call all the names on the third of the lists provided for above; whereupon the President shall take such action in each case as may be appropriate under the circumstances.

(6) Then the secretary shall call all the names on the fourth of the lists provided for above; whereupon the President shall say: *You have heard the list of names as read by the secretary of the grand senior counsellors who have served as such for ten consecutive years. Under the rules of the association these counsellors are entitled to be transferred to the roll of grand senior life counsellors. If there is no objection they will be so transferred.* And the order shall be made accordingly.

(7) Then the secretary shall call all the names on the fifth of the lists provided for above; whereupon the President shall say: *You have heard the names as read by the secretary of the senior counsellors who have served as such for five consecutive years. Under the rules of the association these counsellors are entitled to be transferred to the roll of grand senior counsellors. If there is no objection they will be so transferred.* And the order shall be made accordingly.

(8) Then the secretary shall call all the names on the sixth of the lists provided for above; whereupon the President shall say: *You have heard the list of names as read by the secretary of the junior counsellors who have served as such for five consecutive years. Under the rules of the association these counsellors are entitled to be transferred to the roll of senior counsellors. If there is no objection they will be so transferred.* And the order shall be made accordingly.

(9) Then the secretary shall read the seventh list provided for above; whereupon the President shall say: *You have heard the list of names as read by the secretary of the counsellors elect who have signed the pledge and paid the dues. Under the rules of the association these counsellors elect are entitled to be transferred to the roll of junior counsellors. If there is no objection they will be so transferred.* And the order shall be made accordingly.

(10) Then the President shall say: *Have all the counsellors been called? Is there anything else to be done in relation to the revision of the roll of the college of counsellors?* And if there is nothing, he shall add: *The revision of the second roll is here ended. The roll of the college of counsellors stands closed until the next annual session of the association.*

Adopted at Huntsville, 1891.

CONTRACT PRACTICE.

We have duly considered the report of the Committee on Contract Practice. It is a subject of great difficulty and of great importance. We have not time now to go into a thorough discussion of all the issues involved. We may however be allowed to say briefly:

That times have greatly changed in Alabama during the last twenty years. Before the days of railroads and great mining and manufacturing enterprises it was comparatively easy to enforce the traditional rule of the medical profession against contract and salary practice. It is not so now. Salaries more or less liberal are now offered by so many corporations and companies and have been accepted by so many doctors that longer persistence in the condemnation, in all cases and under all circumstances, of this sort of practice threatens the disruption of the profession of the state into two hostile camps. We can not think that this is desirable.

We can understand very well why the great railroad corporations desire to have their own surgeons in cases of injury resulting from railroad accidents. Then experience has shown that in many mining, manufacturing, and other industrial enterprises, the condition of things is such, that doctors are not able as a rule to collect compensation for their services unless some arrangement is made with the managers of such enterprises.

In a word, after a very mature consideration of the whole problem, we have reached the conclusion that some concession should be made so as to allow salary practice in such cases as those we have mentioned. At the same time we think the concessions proposed to be made in the scheme presented by the committee, are somewhat too sweeping. We have accordingly modified the Substitute for Section three of the Ethical Ordinances of the Association, page 222 of the Book of Rules; and in this modified form which here follows, we respectfully recommend its adoption by the association:

Be it Ordained by the Medical Association of the State of Alabama, That section 3 of the Ethical Ordinances of the Association, page 222 of the Book of Rules, be modified so as to read as follows: He may practice for a stated salary for any railroad corporation so far as railroad accidents and injuries are concerned; for any mining or manufacturing establishment, but not to include the salaried officials and managers of such establishments; for state, county, or municipal educational and charitable institutions; and on plantations cultivated by tenants or hired laborers; and that all underbidding and soliciting under this system of practice shall be regarded as unprofessional and unethical in the same way, and to the same extent as in ordinary private practice.

Adopted at Birmingham, 1890.

MEDICAL ETHICS.

All American doctors give in their adhesion as a matter of course to the code of ethics of the American Medical Association; and all of them recognize in a general way that the said code is full of lofty morality and worthy of the most unqualified admiration—as worthy, indeed, of more than admiration—worthy of unquestioning and thoroughgoing

obedience. In a word, it is the accepted law of the profession, and is binding on the professional conscience as the ten commandments.

There are two sorts of faith—faith explicit, and based on direct articulate knowledge; and faith implicit, which is based on indirect and incidental considerations.

In all cases and under all circumstances, we are willing to bow to the authority of the ethics. But very many of us very often would find ourselves at a loss off-hand to tell which of two opposite opinions on a given question is in harmony with the teachings of the ethics. In a word, a great many of us are not so familiar as we should be with either the letter or the spirit of the ethics.

It has occurred to us that any plan or device which would tend to bring the ethics home to the minds and consciences of the members of the profession could not fail to bear good and desirable fruit; and in consonance with this impression we venture to make two recommendations:

(1) That the president of the state association shall annually appoint a monitor, whose duty it shall be to read at every annual session of the association an essay on the ethics, or some part of the ethics of the American Medical Association, said essay to have place just before the regular reports.

(2) That this association recommends that the president of every county medical society shall appoint annually a monitor, whose duty it shall be, at least once within the year, to read an essay on the ethics of the American Medical Association; and whose further duty it shall be to watch over the ethical welfare of his society, and to call attention from time to time, to such special teachings of the ethics as may seem to require elucidation in view of special circumstances and occasions.

Adopted at Birmingham, 1890.

THE HISTORIAN.

Be it Ordained by the Medical Association of the State of Alabama, That the president of the association shall appoint annually a historian, whose duty it shall be to prepare, under

the direction of the president, suitable biographical sketches of such counsellors as may have died during his term of office; and that the report of the historian shall be read at each annual session of the association, next after the reports of the vice-presidents, or next after the monitor's address, as may be found most convenient, on the first day of each annual session.

ORDINANCE REGULATING BANQUETS.

Be it Ordained by the Medical Association of the State of Alabama, (1) That at every annual session of the association every member, counsellor, or delegate, who desires to participate in a banquet, shall deposit with the committee of arrangements the sum of five dollars as his contribution to the banquet fund.

(2) That if by the end of the second day of the session there are as many as twenty paid subscriptions, then the committee of arrangements shall order a banquet with as many seats as there are paid subscriptions—the said banquet to be held on the evening of the third day of the session.

(3) That if by the end of the second day of the session the number of paid subscriptions is less than twenty, then the money must be returned to the subscribers, and there shall be no banquet.

The foregoing ordinance has been virtually abolished by the action of the association at Selma, 1893, as follows:

The interest of the association to a large majority of our members grows out of the medical papers and discussions; and for this very important part of our proceedings the time at our disposal is not as ample as we could wish. In order that we may have, for the purpose mentioned, as much time as possible we recommend that in the future at our annual sessions there shall be no music or recitations in connection with the annual oration on Tuesday evening; and that there

shall be no entertainment or reception on either Wednesday or Thursday evening, but that both of these evenings shall be devoted to our medical and scientific work. These recommendations were adopted by the association.

SOME IMPORTANT SUGGESTIONS FOR THE MEDICAL EXAMINING BOARDS.

From time to time in our annual reports we have called attention to such of the rules for the government of the examining boards as have not been always sufficiently observed. The most important of these are as follows:

- (1) No physician coming into a county should be allowed to practice at all—not even to take one single case—until he has complied with the law.
- (2) The examination should always include the ten schedule branches, and no others; and questions concerning the medical treatment of diseases must be absolutely avoided.
- (3) Care must always be taken to select a trustworthy and competent supervisor, and this without reference to the wishes of the applicant. The supervisor should be well paid and should be required to do his whole duty.
- (4) Members of the board of examiners should carefully and promptly prepare questions in the branches assigned them; but if any examiner fails so to do the questions in his branches should be furnished by the other members of the board. An applicant must not be kept waiting because one member of the board neglects to do his duty.
- (5) Trivial and rudimentary questions should be scrupulously avoided; and mere catch-questions, or questions of special difficulty and but little practical importance should not be tolerated.
- (6) The rule with regard to an adequate knowledge of the English language should be vigorously enforced. There

are already too many doctors in Alabama who cannot write decent English, and we don't want any more of that sort.

(7) The examining boards must hold all applicants up to a respectable standard of professional qualifications. We cannot afford to fill up the profession with ignorant and incompetent men; and the mere fact that a man has managed to get a diploma from a third class medical college does not afford even a fair presumption that he is qualified to practice medicine.

(8) Surely there is not a single board of medical examiners in Alabama who are so wanting in intelligence, in medical knowledge, in professional pride, and in moral courage as to be unable to conduct an examination as it should be conducted, and to give such ratings to the answers of applicants as will be just and fair to everybody concerned.

NEW RULES FOR THE EXAMINING BOARDS.

(1) Some years ago the oral examination of applicants was repealed for the well understood reason that it was often difficult to get the members of the examining boards together to conduct the oral examination in a proper way. It sometimes occurs, however, that the examining board have some doubts left in their minds by the written examination which an oral examination might serve to clear up. To meet such contingencies we recommend that whenever any board of examiners may deem it expedient they may also require the applicant to pass an oral examination in the presence of not less than a quorum of the board.

(2) Sometimes it happens that an examiner prepares faulty, or inadequate, or badly expressed questions, and in this way one member may bring discredit on the entire board. To obviate occurrences of this kind we recommend that all the questions as prepared by the different members of a board in their respective branches should be submitted to the entire board for discussion, criticism, change, or approval.

(3) It may also occur that, with or without improper motive, some one of the examiners may overrate or underrate the answers of an applicant to his questions, and to the grave discredit of the board. We therefore recommend that whenever there is any doubt about the correctness of any of the ratings, and whenever it is practicable so to do, the entire board should revise all the valuations and either approve of them, or scale them up or down as in their judgment justice and fair dealing may dictate.

(4) After the annual sessions of 1893-4 the diplomas of medical colleges that require only two courses of lectures for graduation will not be recognized by the authorized boards of medical examiners in Alabama.

Adopted at Selma, 1893.

THE DECISION OF THE SUPREME COURT IN THE BROOKS CASE.

This decision is printed here because of the fact that it sustains at all points the constitutionality of the law to regulate practice in Alabama. The defect in section 4078 of the Code, which it points out, has since this decision been removed by special act of the General Assembly.

BROOKS V. THE STATE.

Indictment against Unlicensed Physician.

1. *Constitutionality of statutory provisions regulating practice of medicine* —The statutory provisions regulating the practice of medicine in this state, giving to the county commissioners power to appoint a board of medical examiners, with authority to examine and grant licenses to applicants, if there is in the county no medical society in affiliation with the State Medical Association, but further providing that their authority shall cease so soon as such county medical society may be organized, and confiding to such society the exclusive right and authority to examine and license, according to "the standard of qualification, the method or system, and the subjects of examination prescribed by the State Medical Association" (Code, §§ 1296-1307), is a valid exercise of the police power, and is not violative of any constitutional provision or principle.

2. *Practicing medicine without license, under foreign diploma.*—Under the statute which makes it a misdemeanor, punishable by fine, for any person to practice medicine or surgery “without having first obtained a license or diploma, or certificate of qualification, or not being a regular graduate of a medical college of this state, having had his diploma legally recorded” (Code, § 4078), a conviction can not be had against a person who has procured a diploma from a regular medical college in Georgia, and has had it recorded in the county in which he is practicing his profession, and which there is a county society in affiliation with the State Medical Association.

From the Circuit Court of Russell.

Tried before the Hon. JESSE M. CARMICHAEL.

The defendant in this case, Dr. S. W. Brooks, having procured a diploma from a regular medical college in Georgia, came into Russell county, Alabama, in April, 1889, and there began to practice medicine, having had his diploma recorded in the office of the judge of probate. At that time, there was a county medical society in Russell, in affiliation with the State Medical Association; and Dr. Brooks not having gone before its board of censors for examination, license, or certificate of qualification, the indictment in this case was found against him, for practicing medicine in violation of section 4078 of the Code. The court charged the jury, if they believed the evidence, they must find the defendant guilty; to which charge the defendant excepted.

GEO. P. HARRISON, for appellant.

WM. L. MARTIN, Attorney-General, and TOMPKINS & TROY, *contra*.

STONE, C. J.—There can be few questions, if any, more clearly within the police powers of the government, than the conservation of the public health. On this power rests all the doctrine of quarantine, of pest-houses, of compulsory vaccination, of sanitary sewerage, of many forms of public nuisance, and many other acts of precaution not necessary to be enumerated. And a learned and qualified membership of the medical profession is one of the confessed agencies in protecting the public against the dangers of charlatanism. To prescribe rules and tests for the ascertainment of the qualifications of applicants for authority to practice medicine as a livelihood, is clearly within the scope of legislative power.—Cooley Const. Lim. (5th Ed.), 722; *Dent v. West Va.*, 129 U. S. 114; *McDonald v. State*, 81 Ala. 279; 60 Amer. Rep. 158; *N. C. & St. L. R. R. Co. v. State*, 83 Ala. 71; *L. & N. R. R. Co. v. Baldwin*, 85 Ala. 619. Tideman, Limitations of Police Power, § 87, doubts this doctrine, but we do not agree with him. We do not place the state's right and power in the premises on the ground of benefit or privilege conferred on the physician. It stands on the higher plane of protection to the public against the consequences of ignorance and quackery. Nor do we think there is anything in the objection, that by the terms of the law its provisions take effect in any given county, only when there is a medical society organized in such county, in affiliation

with the Medical Association of the state, as declared by the act approved February 9, 1877.—Sess. Acts, 80; Code of 1886, §§ 1301 *et seq.* We are not able to perceive any difference in principle between the statute under discussion, and the stock laws and local-option statutes, so frequently brought before us for determination.—*Dunn v. Court of County Comm'rs*, 85 Ala. 144.

We find nothing in the civil aspects of the statute which offends the State constitution.

The violation of the statute we have in hand is, however, not an offense which the law characterizes as *malum en se*. It is only *malum prohibitum*, or a wrong only because the law prohibits it. Such violation of law is not, without more, an indictable offense. Says Mr. Cooley—Const. Lim. (5th Ed.), 745—“Whether the prohibited act or omission shall be made a criminal offense, punishable under the general laws, or subject to punishment under municipal by-laws, or on the other hand, the party be deprived of all remedy for the right, which, but for the regulation, he might have had against other persons, are questions which the legislature must decide.” So, however much the legislature may enjoin certain duties, or interdict certain omissions of duty, unless the duty commanded, or the act prohibited, would amount to an indictable offense independent of the statute, no indictment can be maintained, unless the statute expressly authorizes it.

Section 4078 of the Code of 1886 is the statute under which it is claimed the defendant was rightly convicted. It stands in the place of section 4243 of the Code of 1876, but is materially different from it. It declares, that any person practicing medicine or surgery, except in one of four named categories, “must on conviction be fined not more than one hundred dollars.” There is no other statutory provision bearing expressly on this aspect of the case. The enumerated categories, which the statute excluded from its operation, are: first, that the physician or surgeon has first obtained a *license*; or, second, that he has obtained a *diploma*; or, third, that he has obtained a *certificate of qualification*; or, fourth, that he is a *regular graduate of a medical college of this State, having had his diploma legally recorded*.

It was proved that, before defendant entered upon the practice of medicine in Russell county, there was organized in said county a county medical society, in affiliation with the Medical Association of Alabama, as provided by section 1301 of the Code of 1886, and that said county medical society had kept up its organization. The state proved a *prima facie* case against the defendant, and rested. The defendant then read in evidence a diploma from a regular medical college in the state of Georgia, and proved that he had had said diploma recorded in the office of the judge of probate of Russell county, before he entered upon the practice of medicine. The defendant was convicted—the court instructing the jury to find him guilty, if they believed the evidence.

By an examination of the Code of 1886, beginning with section 1296, it will be seen that under our statutes, there are two organizations, or systems, under which physicians may obtain authority to practice their profession. The one system is by license from a medical board established by the court of county commissioners, for the county in which the applicant proposes to practice,—§§ 1296, 1297. Under that system, "A regular graduate of a medical college in the United States, having a diploma," and having that diploma properly recorded, "is entitled (without license) to practice medicine, in a county having only a medical board established by the court of county commissioners." § 1298. Authority to practice medicine under the foregoing provisions is, however, limited to counties "in which there is no board of medical examiners organized in accordance with the constitution of the Medical Association of the State of Alabama, and in affiliation with the association; . . . But the existence and authority thereof must terminate whenever a board of medical examiners is organized in the county in accordance with the constitution of the Medical Association of the State, and in affiliation with the association." When such board of examiners is organized in any county, then a license or certificate of qualification from such board is a pre-requisite to the right to practice medicine in that county, with certain exceptions not raised by this record. Having a diploma from a medical college in this state, legally recorded, is not named as an exception. Hence, consulting only the language of the statute, it would seem that even a graduate of a medical college in this state, is not allowed to practice his profession in a county having a medical society in affiliation with the State Medical Association, without first obtaining a certificate of qualification, to be recorded as the statute prescribes.—Code, §§ 1302, 1306. This is the second system for obtaining authority to practice medicine, and supplants the other whenever it is in exercise.

The language of the penal enactment, § 4078, as we have shown, excludes from its operations four specified categories: The second of the categories expressly stated is, "not having first obtained a diploma." Brooks had first obtained a diploma, and, therefore, if we consult only the penal section, unaided by other provisions, his case does not fall within it. We are not permitted to say that the word *diploma* first mentioned in this section, and copied above, must mean a diploma from a medical college of the State of Alabama, for the fourth exception makes express provision for just such case. If exception two and exception four cover the same ground, why duplicate the expressions, and why require a record to be made in one case, and not in the other? If it be objected that the interpretation we propose leads to the absurdity of requiring an Alabama graduate to record his diploma, and excuses graduates of other medical colleges from doing so, our answer must be, that we are dealing not with our own language, but with the language of the statute as it is written.

It is contended in favor of the ruling of the Circuit Court, that we must interpret the penal section in the light of the statute found in the civil part of the Code--§ 1296 *et seq.*—and hold that, under its very general provisions, an indictment will lie for practicing medicine without conforming to what that somewhat comprehensive statute has enjoined as pre-requisite duties. And, carrying out this idea, it is claimed that we must so construe the statute as to make its provisions applicable to every departure from statutory requirements, whether the breach be committed in a failure to obtain authority from one board of examiners, or the other; that practicing medicine “without a license,” or “without a diploma,” must refer to counties which are without a board of medical examiners, in affiliation with the Medical association of the State, while the other two exceptional provisions refer to counties in which there is such board.

It would, as a general proposition, be dangerous to apply such liberal rules to the interpretation of penal enactments. When the legislature enjoins several duties, some of graver, and others of minor importance, and then declares that a breach of the graver of those duties shall constitute an indictable misdemeanor, and fails to make a similar declaration as to the others, to assume that they meant more than they expressed would be treading on dangerous ground. To undertake the practice of medicine without a diploma, without a license, and without a certificate of qualification, is certainly a graver offense to society and its well-being, than to assume to practice by virtue of a medical education and diploma from a college outside of the State of Alabama, or to omit to have that diploma recorded. We cannot know that the legislature intended further than they have expressed their intention.

There is a stronger reason why we can not adopt the interpretation contended for. Under the provisions of the civil part of the statute, only certain expressed classes of persons can, without examination, obtain certificates of qualifications, from examiners acting in affiliation with the State Medical Association; and such certificate—not the diploma—must be recorded.—Code, §§ 1305-6. There is no provision authorizing graduates of an Alabama Medical College to practice medicine without a certificate of qualification, or which entitles them to such certificate on the mere production of a diploma. Yet it is clearly not an indictable offense for “a regular graduate of a medical college of this state, having had his diploma legally recorded,” to engage in such practice. This demonstrates that the penal section, 4078, is not co-extensive with what are called the civil provisions.

The judgment of the Circuit Court is reversed, and inasmuch as the defendant can not, under the facts of this case, be convicted, the cause will not be remanded. Let the defendant be discharged.

It will be seen that in this decision all the points raised against the constitutionality of the medical law as it stands in the civil code were overruled; and to this extent the decision is a great gain to us. In one word, the constitutionality of the law is fully established. The only trouble there is attaches to the penal section in the criminal part of the code, which, according to this decision, provides no penalty for violation of the law. Dr. Brooks is an illegal practitioner, but he cannot be criminally punished; but as we have seen this defect has been removed by subsequent action of the General Assembly.



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